TO HOSTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

A death, A death, A death of the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete and in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please-temove carbon papers, ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

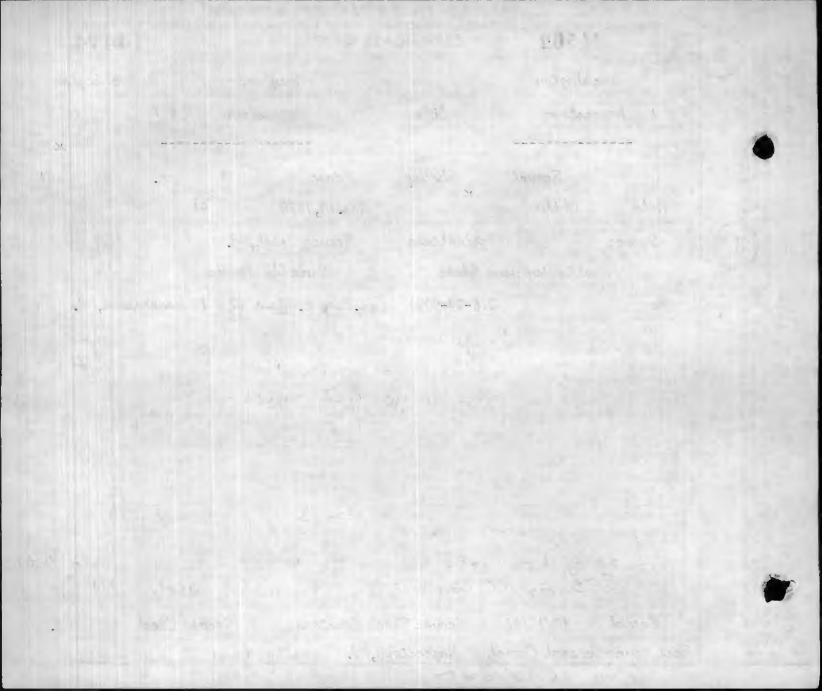
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14508 CERTIFICATE OF DEATH 14473

e. COUNTY	Ī			a. STATE	CE (Where decess	b. COUNTY	ilioni Residen	ce before e	dmission)
	ashington		MARYLAND	Ma	ryland	at an an anim	Wash:		
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			prior, give sirver oudioss;	1				ONA	FARM?
	Rest Hom	10						YES	NOL
3. NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	Dey	Yeer	
(Type or print)	Mar		Violet	Adams	DEATH	12	25	19	61_
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AC	E (In years IF UI		IF UNDER	
F	W	WIDOWE	D DIVORCED	5.12.1876	8	5 угв.		Hours	Min.
10e. USUAL OCCUPAT			IND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Cour	nty & State, or fare:	gn country) 1	2. CITIZEN C	F WHAT C	OUNTRY?
Housewif		,		Hancock	Marvlan	à	TT	S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN		-			
John	Adams			Chart	stine D	OWIG ON			
15. WAS DECEASED EY	ER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT	Softie D	Address		~	
No No	fyesgive wer or detes of s	ervice)	None	Gerald Smi	th Hanc	ools Ma			
The second secon	EATH [Enter only one	cause per l	ing for (e), (b), end (c).]	Getard DMT	oll hanc	OCK MU	1 107	ERVAL BET	
PART I. DEAT	H WAS CAUSED BY	4	to B	to Heart	A Di-0	D.	Ob	SET AND D	EATH
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42016	DUE TO	1/2	11.0	a. Paris	Vo	«	3	0	
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(e), stelling the u	DISC TO								
cause lest.	(c)								
PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN	PART I(e)	9. WAS A	UTOPSY RMEDZ
Ĕ.									NO 📉
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in	Pert I or Pert II of I	em 18.)			
ZOC. TIME OF INJU	IRY Month, Dey, Ye	er 20d.	INJURY OCCURRED 200. PE	ACE OF INJURY (Home, far	m. 20f. (City or f	own)	(County)		(State)
Hour e.m.		While et wor	1401 111110	ctory, street, office bldg., etc	0.)				
	19			E 7/-//	10 1 1/2	-23	10/1	1 (1) (MP last
	11	7 /	ded the deceased from	21	4	****************	., 1994., 1		
saw the deceas	sed alive on		19.6, and the	at death occured away	M, from the	e causes and	on the d		
220. SIGNATURE	tomes	TIL ;	M.D.			HYS.		12:20	SIGNED
22c. PHYSICIAN'S NAME (1996)	THOMAS	河	M.D.	22d. ADDRESS	ANCOCH	7/	Md_	*****	
23e. BURIAL, CREMAT	ION, 236. DATE THE	REOF	23c. NAME OF CEMETERY	Y OR GROWING	23d. LOCATIO	IN (City, lown or	county)	(Si	lete)
REMOVAL (Specify)	12.27	.61	Presbyter:	1 an	Hanco	ck Wash	ningto	on Mo	
24 FUNERAL DIRECTOR			ADDRESS		ottom der Britanische ein	25b. REGISTR	AR'S SIGNA	TURE	
Howaren	0 4 2	. N. O	Homes	Q WY DATE D	EC 2 8 '61	Chille	-7 S. The	AAAA	
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ADVIAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12509 CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Washington the d 2 MARYLAND Maruland pue b. CITY OR TOWN (if outside corporate limits. C LENGTH DE STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) þ write RURAL and give nearest town) .⊑ Hagerstown Hageratown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES X NO NAME OF First Middle 4. DATE Month Day Yaar DECEASED OF DEATH (Type or print) Shelbu Samuel Dec 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. and last birthday Male Mar. 19. 1870 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if ratized) Beaver Creek, Md. any tarmer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME please ding Martin VanBuren Adams Isabelle Landis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ifyas giva war or datas of servica) Hagerstown. Md. Mrs. Mary E. Adams INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - selvite than I. DUE TO Conditions, if any, which (b) gava sisa to immediata causa **BUT TO** (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS PERFORMED? NO Z 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stete) fectory, straat, offica bldg., atc.) Whila Not While at work at work 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) à đ 80 Beaver Creek Cemetery **ADDRESS** 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **VR A15 (4)** Rest Haven Juneral Chapel Hagerstown, Md. 15M 9/60 DATE DEC 1 3 '61 Orthor & Thousa



by th C ages Pa executed complet carbon and certificate physician remove 10 please ding Then physician. signed by burial-transit attending certificate has been the hospital 53 use detached for After à may be retain DIRECTOR: ector, 0 VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) b. COUNTY Washington Washington MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Hagerstown Rural Hagerstown 4 days e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Washintton Co. Hospital YES NO TE 3. NAME OF Middle 4. DATE Month Day DECEASED OF 1961 (Type or print) DEATH Arthur Alexander Dec. 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. lest birthdey) Months Hours Days Male White WIDOWED Feb. 17. 64 DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) American Stores Washington Co., Md. US.A. Supervisor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William E. Alexander Nola Harbaugh IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Mms. Arthur C. Alexander Hagerstown #6, Md. WWT 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: hemovuhage cevebral IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate ceuse **DUE TO** (a), sleting (he underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4): 19. WAS AUTOPSY PERFORMED? NO Y 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form,) (Stete) 20f. (City or lown) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 1211 19 19 to 12 4 1961, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from......19...4...., and that death occured al Z.M.M., from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 230. BURIAL, CREMATION, | 23b. DATE THEREO REMOVAL (Specify) Burial Harbaugh's Franklin Co., Penna. ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR Waynesboro, Penna. DATE Chilles & Trace

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14511 CERTIFICATE OF DEATH

1	1. PLACE OF DEATH e. COUNTY 2. USUAL RESIDENCE (Where decease				ed, If Institution, Res	idence before edmission)		
/ _	Washington	RYLAND	Maryland Washington					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	1		f outside corporete limits		(ve neerest town)		
-	Hagerstown 18 hrs		X Smithsburg Rt. #2					
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	address) d.	STREET ADDRESS			IS RESIDENCE ON A FARM?		
1	Washington County Hospital		Rt.#2			YES NO X		
	3. NAME OF First Midd	e	Last	4. DATE OF	Month	Day Yeer		
-	(Type or print) Clarence Lee		chtell	DEATH	Dec.	1, 1961		
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	RRIED % 8. DATE	OF BIRTH	9. AGE (In last birth	yeers IF UNDER 1 YE			
_		B01	t. 12, 19	932 29	Yrs.			
	1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	OR INDUSTRY 11. B		ty & State, or foreign co		N OF WHAT COUNTRY?		
7	laborer same	1 14 MG	Washing	ton Co., Md.	· U.	S,A,		
7	Arthur H. Bachtell			M. Moser				
1 1)	75. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURI	V NO 1 17 INFORM			ddress			
7	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	IV. INFORD	75574.1	^	06(47)			
	Yes 3/17/53 -5/7/58 218 30	8962 Hos	pital Cha	art				
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), e PART I. DEATH WAS CAUSED BY:					ONSET AND DEATH		
	IMMEDIATE CAUSE (6) Acute Conge	stive Hear	t Failure	3		2 days		
	4/3) DUE TO	4/43X DUE TO						
	Conditions, Teny, which (b) Mitral Stene	Conditions, Tony, which (b) Mitral Stenosis						
	(e), stefing the underlying DUE TO					several		
	couse lest. (c) Rheumatic He	art Diseas	e			vears		
				NAL DISEASE CONDITIO	N GIVEN IN PART 1			
	NT W		YES DO NO TO					
0	2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJ	IRY OCCURED (Enter n	neture of injury in F	Pert I or Pert II of item 18	E1	110 29		
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJ OR CONTRIBUTING CAUSE OF DEATH I/F EITHER. NOTIFY MEDICAL EXAMINER!	on a country terror .						
1	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCUR! Hour e.m. While Not While o.m. 19 et work et work		NJURY (Home, farm of, office bldg., etc.	2Df. (City or town)	(County	y) (Stete)		
	p.m. 19 et work et work							
-1	21. I certify that (I) (this hospital) attended the dece	ased from No	v. 30	19.61 to Dec.	1 196	L. that (I) (vee) last		
	saw the deceased alive onDec. 1196.			10 00	-			
	228. SIGNATURE	, altu mai dealii	Occordo br.	g.phy Holl the car	2303 2010 011 111	22b. DATE		
	(Areaf) Theory	M.D. PH		AED. STAFF	П	SIGNED		
	22c. PHYSICIAN'S		d. ADDRESS					
	NAME (Type) Edson B. Moody, M. W.		145 S.	Prospect St	t. Ha cers	stown. Md.		
1		F CEMETERY OR CREA		23d. LOCATION (C		(Stete)		
1	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME (REMOVAL (Specify)	OF CEMETERY OR CREA	WATORT					
) -	Burial 12/4/61 Bethel		- Van		ton Co., I			
1	24 TUNERAL DIRECTORS SIGNATURE ADDRES			EC 6 161	arthur S.			
1/4	Mudler of 14402 Waynesbo	ro, Penna.	DATE	F0 0 01	Common D.	7 0/400000		
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY Page V.ASHINGTON . STATE MARYLAND b. COUNTY WASHINGTON director. Pag-MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give negrest town) write RURAL and give nearest town) HAGERSTOWN HAGLESTOWN YRS. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS FREDERICK ST. 805 FREDERICK 3. NAME OF First Middle 4. DATE Month DECEASED 3 to the OF the (Type or print) BEUT. AH KITZMILLER BAKER DEATH DECEMBER 2 with 5, SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) last birthday) Months FEMALE WIDOWED X DIVORCED Page 5 1 and 2 ho 72 bell 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) PENNSYLVANTA HOUSLWIFE pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) ((Ifyes give wer or detes of service) MRS. MAMIE J. ANDERSON 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). Office along w burial-transit pr moval, and in t PART I, DEATH WAS CAUSED BYin pencil IMMEDIATE CAUSE (0) Hypertensive Cardio Vascular Disease should be DUE TO Conditions, if any, which (b) "pending" gave rise to immediate cause S E DUE TO writing the word "pendin • Chief Medical Examiner Page 3 should be used as (e), stelling the underlying 6 cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Part II of item 18.) PRIMARY TO or CONTRIBUTING T MEDICAL EXAMINER base metrificate, writing the should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho is designaled agent, prior to burial. CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 2Df., (City or town) fectory, street, office bldg., etc.) Not While Hour e.m. at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural causes y Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 1-2-62 NAME (Type) NAME (Type) Dr E W D1 Address (Street, city, lown, or county) Add. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40

e. IS RESIDENCE

YES NO A

Year

19

Hours

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

MD.

YES

(County)

archay S. Traves

24a REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

INTERVAL BETWEEN ONSET AND DEATH

years

PERFORMED? NO 4

(Stote)

and in my opinion

DATE SIGNED

(State)

IF UNDER 24 HRS.

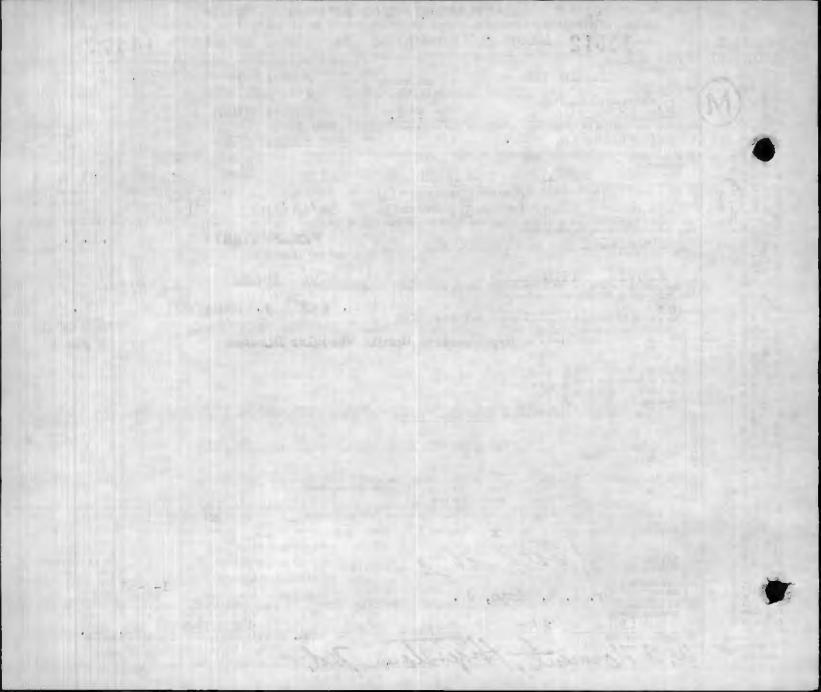
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23. FUNERAL DIRECTOR



1	V	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
5 mm		14513 CERTIFICATE OF DEATH 14478
afte unera hould	M	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission
hours y the fund 2 sl	W	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) wite RURAL and give neerest town) e. STATE Maryland c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
ithin 24 led in b ages 1		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE.
₹	- \	yarlock Memorial Conv. Hospital . 715 Potomac Ave. YES NO X
omplete		(Type or print) Anthony Wayne Beatty December 26 1961
n and c	****	Male White WIDOWED NO DIVORCED Gebruary 12, 1883 Months Days Hours Min.
certifica physicial remove	A A A A A A A A A A A A A A A A A A A	10e. USJAL OCCUPATION (Give kind of work done during most of working life, even if refired) Conductor Railroad Willerstown, Penna 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ing r	=	Joseph S. Beatty Mcry L. (Last name unknown)
the de	, io	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address [Yas, no. or unknown] [(Eyes give war or delete of service)
that in the	2	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c),
equires physicia pred by sit perm	5	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CITERIO CONTRO HOUSE THE DEATH 2 400 -
nding peen sig		Conditions, if any, which (b) Pulsulating, Internation (b)
V: The or affer by has burilled burilled		(e), steling the underlying DUE TO Course lost. (c) Conference Secure done
SICIAL Sp tal c	5 (,	PART 11. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
PHY the ho this ce d for u		200 ACCIDENT WAS UNDERLYING L 205. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of Itam 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
TDING ned by . After detache	5	20c TIME OF INJURY Month, Day, Yeer 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (Stete) Hour a m. While Not While fectory, street, office bidg., etc.)
ATTEN De reta CTOR	5	21. I certify that (I) (this hosdial) attended the deceased from Macro 1907, to 1907, that (I) (we) la saw the degeased give on the causes and on the date stated above
DIRE		220. SCHUZURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 1 2/27/2019
Page		22d PHYSICIAN'S Philip J. Hirshman M.D. 159 W. Washington St. Hagerstown, Nd.
HOS ath.	*	23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown or county) [State)
ក្នុងពីធ្នុង	3	REMOVAL (Specify) 12/28/61 , Rest laven Cemetery dagerstown Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REG STRAR'S SIGNATURE
VR A15 (4 15M 9/60	1	Rest Haven Juneral Chapel Ragerstown, Md. DATEC 2 9'61
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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 14514 funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admiss on) e. COUNTY **b.** COUNTY 12 Washington MARYLAND Washington by the b. CITY OR TOWN (if outside corporete imits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (floutside corporete limits, write RURAL and give neerest town) write RURAL end give neerest town Life Cascade Cascade . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET AGORESS ON A FARM? YES NO 3. NAME OF 4 DATE First Midd e Last DECEASED OF (Type or print) DEATH 19 E. Nichols Benchof: Mary carbon AGE (In years | IF UNDER | YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last b rthdey) and Months Devs House Female White W DOWED TO DIVORCED physician 10e. JSUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY! **∕**o **FERROY** done during most of working life, even if ratired) U.S.A. any House Duties Cascade Md. 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME please aftending William A. Nichols Susan Rover 15. WAS DECEASED EVER NUS ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT Address (Yas, no, or unkown) ((fyesgive war or dates of service William N. Benchoff, Cascade Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), [INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CARDLAC RREST D LL CO CARDIO- DASCULAR DISEASE gove rise to immediate cause DUE TO (a), stating the underlying certificate ha PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 8 0 NO . 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Item 18) After this 20c. TIME OF INJURY Month, Oay, Yeer 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, ferm, ' 20f. (City or lown) (County) (Steta) fectory, street, office bidg , etc.) Not While White at work at work 1955 to Dec 19, 1961, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from . . . CTO 20. C. 15 ... 19. 6 L. and that death occurred ale 3. M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22n SIGNATURE ATTENDING SIGNED N DIRECTOR PHYS. PHYS. Tolans M.D 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) Robert A. Keifer 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY (State) 효함 0 Burial Fairfield Fairfield, Adams Co. Pa. 24 TUNERAL DIRECTORS SIGNATION ADDRESS VR A15 (4) 15M 9/60 mulius & Trans Waynesboro, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4)

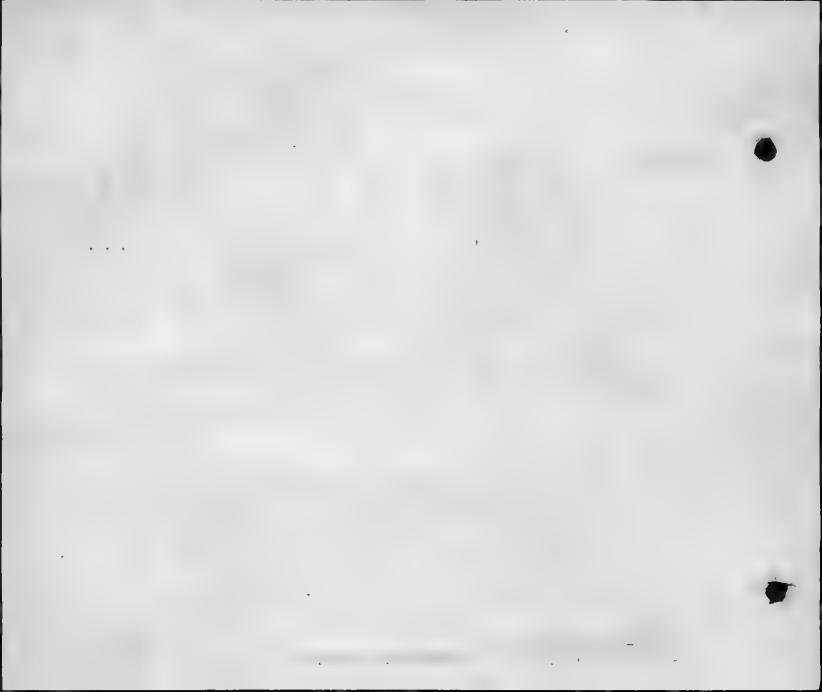
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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY **b.** COUNTY a. STATE WASHINGTON MARYLAND WASHINGTON b. CITY OR TOWN (if outs da corporata | m ts. c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) HAGERSTOWN WEEKS HACERSTOWN . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO WASHINGTON COUNTY HOSPITAL POTOMAC AVENUE 619 3. NAME OF 4. DATE Year Middla Month DECEASED OF 19 61 (Typa or print) DEATH MARY EYERLY BOND DECEMBER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 8 DATE OF BIRTH last birthday) Months DIVORCED FEMALE WIDOWED TO 10 1.12. CITIZEN OF WHAT COUNTRY! 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, evan if ratirad) ASS'T TEA ROOM MNCR U.S.A. WASHINGTON MARYLAND DEP'T STORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALBERT J EYERLY SUSAN MITTAG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (Ifyas give war or datas of service) BEULAH K EYERLY 619 POTOMAC AVE. HAGERSTOWN 18. CAUSE OF DEATH (Enter only one cause par lina for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Chramia. about 1 mo-IMMEDIATE CAUSE (a) Cartinoma of bladder with Glatemi untral obotnession + hydromphronis DUE TO Conditions, if any, which gava risa lo immadiala cause DUE TO (a), slating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(8) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Itam 18.) 200 ACCIDENT WAS UNDERLYING L. OR CONTRIBUTING CAUSE OF DEATH ILE EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm. 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from. 19.6.c to 12-12-1964, that (1) (we) last 12-17-19-61, and that death occurred above. My from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22a. SIGNATURE SIGNED P DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) JOHN H HORNBAKER M W. WASHINGTON ST HAGERSTOWN MARYLAND 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY HAGERSTOWN MARYT.AND 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE SHITE TOUZED FUNERAL

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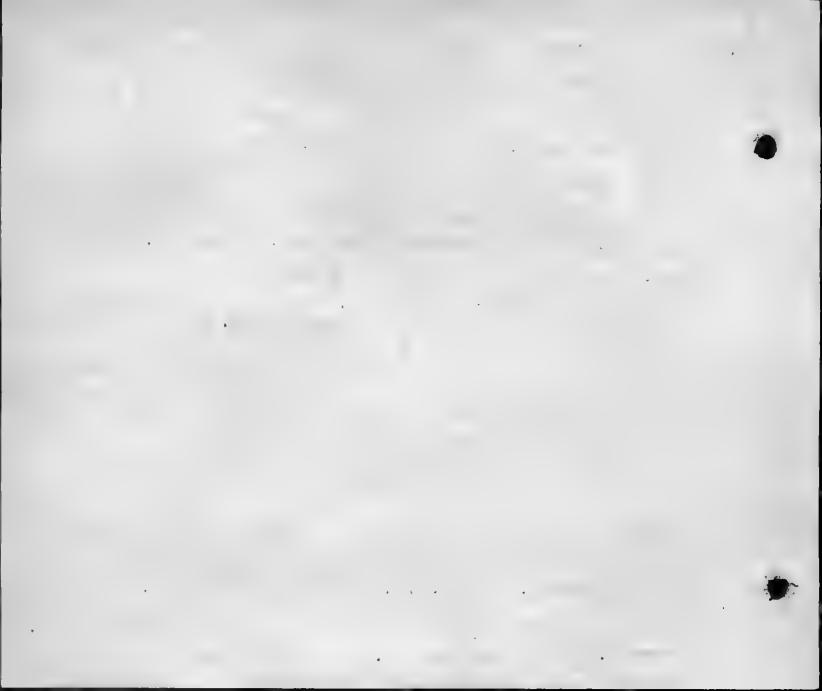
ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral within 24 hours afte. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased hvad, if Institution; Residence before edmission) a. COUNTY e. STATE b. COUNTY by the WASHINGTON MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) 6 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 in by write RURAL and give nearest town) hours after d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street eddress) KUKAL Sepe led! d STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO T HOSFITHL KEIEDY 5 certificate be executed 3. NAME OF DATE Middle 72 Yaer pape complet DECEASED OF (Type or print) 1961 FCEMBEIL OND carbon LA IT 6. COLOR OR RACE 7. MARRIED AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH NEVER MARRIED and last birthday) Months event, WIDOWED physician геттоме 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WASH . CO. /YID. U.S.A affending SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S ARMED FORCES (Yas, no, or unkown) (Ifyes g vewer or dates of service) THANKLIN T. BOND KEEDUSVILLE MDR. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 3 Hrs. δχ PART I. DEATH WAS CAUSED BY signed Acute hydrocephalus IMMEDIATE CAUSE (a) has been signed to burial-transit p DUE TO Conditions, if env. which gave rise to immediate cause DUE TO (a), stating the underlying 青草 cause last Ö certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES 🗌 NO X 20b DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Part II of tem 18.) 200, ACC DENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De PLACE OF INJURY (Home, ferm, 2Dt. (City or town) Month, Dev. Yeer (County) (State) While Not While fectory, street, office bldg., etc.) Hour a.m. et work et work DIRECTO p.m 21. I certify that (I) (this hospital) attended the deceased from at birth 19 ... , to....... 19....., that (I) (we) last 61 saw the deceased alive on... 22b, DATE SIGNATURE ATTENDING STAFF SIGNED 12/20 PHYS. DIRECTOR PHYS. AL AL 22c, PHYSICIAN'S 22d. ADDRESS NAME (Type) Sharpsburg, Shealy H. 6 BURIAL, CREMATION, 235 DATE THEREOF 23c. NAME/OF CEMETERY OR CREMATORY 23d LOCATION (City, lawn or county) BURIAL 0 MIT. ZION 2 2 BIGISTRAR REGISTRARIS SIGNATURE 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 15M 7 61 OONSBORO

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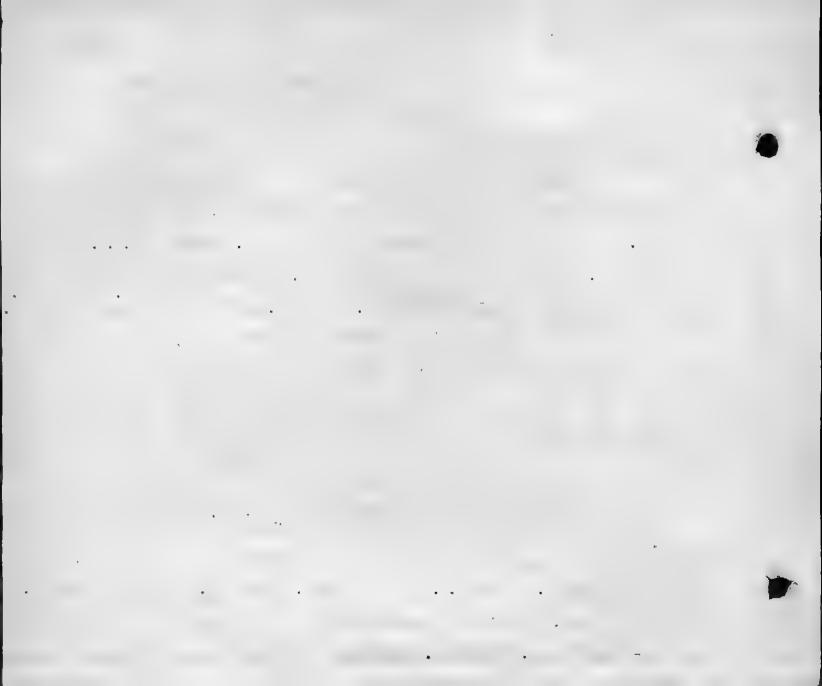


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plnods I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY **b.** COUNTY Washington by the and 2 death. Washington MARYLAND by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. C.TY OR TOWN If outside corporate | mils, write RJRAL and give nearest lown) write RURAL and give neerest lown! Hagerstown Hagerstown 12 Days
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va streat address) 12 Dave <u>-</u>a. IS RESIDENCE d. STREET ADDRESS ON A FARM? 809 Chestnut YES NO NO Wash County Hospital 3. NAME OF Year M ddle Last Month DECEASED (Typa or print) BOWARD DEATH December 1961 AMET. TA 5. SEX 6. COLOR OR RACE 7. MARRIEDE NEVER MARRIED 8. DATE OF BIRTH AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months WIDOWED [DIVORCED [March Female 1Db. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fore an country) 1Da. JSUAL OCCUPATION (Give kind of work I 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if relired) Chewsville Wash Co Md. USA Own Home Housewife M. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please aftending U nknown and John Longnecker 15. WAS DECEASED EVER IN J S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Addrass Then (Yes, no, or unkown) (If yes give war or dates of servica) Guy L. Boward Sr 809 Chestnut 219-36-2726 Ф 18. CAUSE OF DEATH [Enfer only one cause per line for (a), b], and (c).] INTERVAL BETWEEN Hagerstown Md. ONSET AND DEATH PART I, DEATH WAS CAUSED BY: internal IMMEDIATE CAUSE (a) DUE TO general arterioscleroni -Conditions, if any, which gave rise lo immadiata cause **DUE TO** (a), stating the undarlying cause last. the PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? 35 YES THO oper rue -Ofcune 20a ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED. Renter nature of injury in Part I or Pert I of item 18.) OR CONTRIBUTING (CAUSE OF DEATH (State) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) 20e. TIME OF INJURY Month, Dey, Year factory, streat, office bldg., etc.) While Not While al work at work may be retain DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 200 21., 1961, to Decemin, 1961, that (I) (we) last saw the deceased alive on.... 22b. DATE 22a. SIGNATURE SIGNED ATTENDING STAFE PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Ditto 111. M. 217 West Washington St. Edward W. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) Beaver creek Wash Co Md. ig P Buria. Cemetery Dunkard 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Coffman Hagerstown Md. 15M 9/60 Andrew K. DEC 1 2 '61 DATE Caller & House

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1.4518 CO. MASKINGTON MAS	1	37	MARYLAND STATE DEPARTMENT OF HEALTH
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Ray S. Dawson MARYLAND		×9	



STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 10 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission) **8. COUNTY** e. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits, 12 the C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) MARYLAND by # C. LENGTH OF STAY IN 16 write RURAL and give nearest town? 2 d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give freel address) 8 . IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle 4. DATE Year Month DECEASED OF (Type or print) DEATH T 19 6/ AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. SOM/MANI 7. MARRIED X NEVER MARRIED pue last birthday) Months Days MALE WHITE WIDOWED DIVORCED yrs, physician 106. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? (County & State, or fore gn country) done during most of working life, even if retired CONTRACTOR TIRED DUILDING. EITERSBURG WASH CO. MD. 13. FATHER'S NAME please attending | 15. WAS DECEASED EVER IN U.S. ARMED FORCEST | 16. SOCIA 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) (Ifyes give war or dates of service) 214-16-1355 MRS. OLI BOONS BORE MO 18. CAUSE OF DEATH Enter only one cause per line for ia., (b), and (c).] 仑 ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed IMMEDIATE CAUSE (a) **Surial-transit DUE TO** Conditions, if any, which has been gave rise to immediate cause DUE TO (e), steting the underlying the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0. 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [20e. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURED, [Enter neture of injury in Pert I or Pert II of Item 18.] OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm,) Month, Day, Year 20d INJURY OCCURRED I 20f. (City or town) [Stete) (County) factory, street, office bldg., etc.) Hour e.m. While Not While DIRECTOR: at work et work 21. I certify that (1) (this hospital) attended the deceased from... June 19.55 to. . 19 Q.L. that (I) (we) last saw the deceased elive on...... 22a SIGNATURE 22b, DATE ATTENDING SIGNED PHYS. DIRECTOR 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) director, be filed 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) RIM LIDADA FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 [4] 15M 7 61 DOCNSBORG DATE

LAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14520 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) e. COUNTY b. COUNTY e. STATE the 12 WASHINGTON MARYLAND MARYLAND WASHINGTON by the b. CITY OR TOWN (if outside corporete I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (it outside corporete limits, write RURAL end give negrest town) write RURAL and give neerest town! HURAL HAGERSTOWN .5 HAGERSTOWN 9 DAYS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? YES NO COUNTY HOSPITAL Middle Yeer paped DECEASED compli (Type or print) DEATH 19 63 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In yeers | IF UNDER I YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH Pue lest birthday) Months Days WIDOWED W DIVORCED FEMALE 66 physician 10e. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ВАОШей done during most of working life, even if retired) é any HOUSE WIFE TRELAND II_S_A please atte ding JOHN MUT AUCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT CATHERINE KAVANAUGH Address (Yes, no, or unkown) | (If yes give we ror detes of service) NO
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). HELEN WALLA R.R. I HAGERSTOWN, MARYLAND INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e)_ PULMONARY EDEMA-48HR5 the burial-transit burial, cremation DUE TO HYPERTENSIVE CARDIOVASCULAR DISEASE 10 YRS has been geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDIT ON GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO V OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) factory, street, office bldg., etc.) Not While Hour n.m. et work et work may be retaine DIRECTOR: A 224. SIGNATURE 226. DATE STAFF SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS ME (Type) 131 WEST WASHINGTON ST. HAGERSTOWN MD. JNO. H. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) ទីទីជ JERSEY CITY NEW JERSEY HOLY CROSS CEMETERY 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VIII A15 (4) **■M 9/60** FUNERAL HOME 305 N. POTOMAC ST. DARFC 2 7 '61 auson HAGERSTOWN, MARYLAND.

MARYLAND STATE DEPARTMENT OF HEALTH

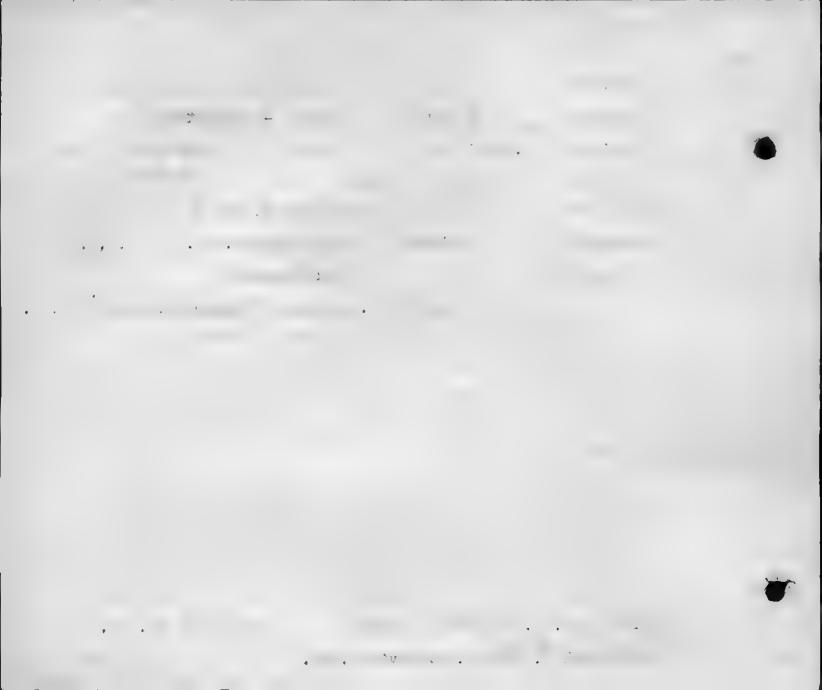


301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 4521 I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY b. COUNTY Washington Washington the J 2 MARYLAND Marvland σ b. C.TY OR TOWN (if outside corporate limits. c CITY OR TOWN (If outs'de corporete limits, write RURAL end give neerest town) e. LENGTH OF STAY IN 16 an write RURAL end give neerest town] Hagerstown days Rural # Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES X NO Washington Co. Hospital Route 3. NAME OF DATE Yeer paper DECEASED OF 1961 December 15 (Type or print) GRACE DEATH 5 SEY 6. COLOR OR RACE T. MARR ED K NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR) IF JNDER 24 HRS. DATE OF BIRTH lest birthday) Months and WIDOWED [November 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewife Washibgton Co. Md. own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Allen McKee Ida Summers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) no Mrs. Dorotha Poffenberger, Hagerstown, Md. none 18. CAUSE OF DEATH [Enter only one cause payline for (e), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMED-ATE CAUSE (a) DUE TO (b) geve rise to immediate cause (e), steting the underlying DUE TO ceuse lest, the PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW IN. URY OCCURED, (Enter neture of injury in Part I of Part II of Item 18. 20e. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) factory, street, office bldg , etc.) While Not While el work et work 19.6 / that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... to.... 20 ... 19.6 , and that death occurred at 3.6 PM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a. SIGNATURE ATTENDING PHYS. DIRECTOR 22c. PHYS. CIAN'S NAME (Type) 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) (State) 23a, BURIAL, CREMATION, .17.1961 Dec Beaver Creek Washington Co. Md. 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 tle. Mvergvil

Affer this certificate

DIRECTOR:

AND STATE DEPARTMENT OF HEALTH



led in by the funeral rages 1 and 2 should The law requires that the Beall certificate be executed within 21 haurs after TO HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the deall certificate be executed within 21 ham death.

So 4 may be retained by the hospital or attending physician.

TO PULLARI DIRECTOR: After this certificate has been signed by the attending physician and complete lifed in by the director, page 3 should be detached for use as the burial-transit permit. Then please amove carbon paper, rages 1 and 2 be filed with the State Dept. of Health prior to burial, cemation, or removal, and in any event, within 72 hours after death. YR A15 (4)

15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 17599

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a COUNTY 4. 7 4 4 1 1 4	AL RESIDENCE (Where deceased lived, if institution, Residence before edmission)
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b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITy write RURAL and give nearest town)	Y OR TOWN (If outside corporate limits, write RURAL and give nearest town)
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d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d ST	
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13. FATHER'S NAME 14. MOT	HER'S MAIDEN NAME
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Hour a.m. WhileNot While_ fectory, street, or	Hice bldg., etc.)
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21. I certify that (I) (the attended the deceased from 9-2	1961 to 12-23 1961 that (i) (wat last
saw the deceased alive on12-23 19.6/., and that death o	cured at 2.4.M, from the causes and on the date stated above.
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24 EUNERAL DIRECTOR'S SIGNATURE.	7
24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
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STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutioni Residence before edm ssion) I director. Page or your files. WASHING 7 a. COUNTY a. STATE WASHIA & TOW. MARYLAND c. LENGTH OF STAY IN 16 ASERSTON A S RESIDENCE ON A FARM? YES NO 3. NAME OF 4. DATE Month DECEASED [Type or print] DEATH 8. DATE OF BIRTH AGE (In yeers | IF UNDER I YEAR | IF UNDER 24 HRS lest birthdey) 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Office along with form PM3. burial-transit permit. File page (Yes, no, or unknown) . (if yes give we rordates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), ONSET AND DEATH Bad IMMED, ATE CAUSE (a) **DUE TO** gove rise to immediate couse DUE TO (a), stating the underlying Medical Examiner cause last. pesn eq PART I, OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND.TION GIVEN IN PART 1 8/1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO I pluods 20m. EXTERNAL CAUSE WAS 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part PRIMARY | or CONTRIBUTING CAUSE OF DEATH. forwarded to the Chief L DIRECTOR: Page 3 20s. PLACE OF INLURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) prior 21. I certify that I took charge of the remains described above, held an Autopsy 1 Inspection -Natural causes Suicide Homicide [death resulted from: Undetermined manner CHIEF MEDICAL EXAMINER T its designated ACTUAL SSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S should NAME (Type) Address (Streat, city, town, or county) please 4 226. BURIAL, CREMATION. 226. DATE THEREOF 22d. LOCATION (City, lown, or country) 22c. NAME OF CEMETERY OR CREMATORY TO DE (Stata) REMOVAL (Spacify) 0 AT5ME

MARYLAND STATE DEPARTMENT OF HEALTH



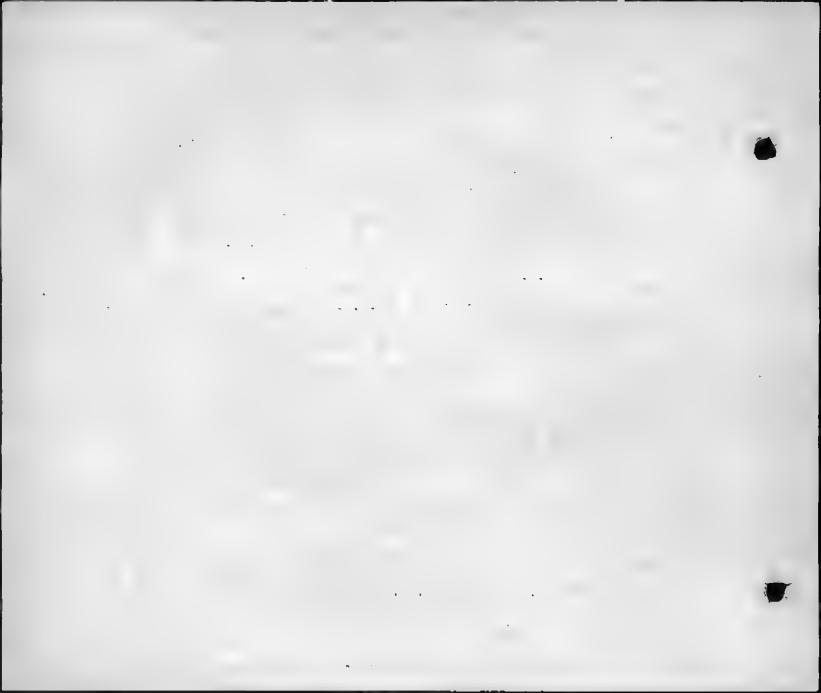
OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss on) a. COUNTY a. STATE b. COUNTY 1 2 E b. CITY OR YOWN (If outside corporate limits, MARYLAND c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ρ E* RURAL NR. CLEAR SPRING LIFE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) CT.EAR RITEAL. ON A FARMS NONE YES NOT RESIDENCE Middle Last 4. DATE Month pape DECEASED QEE 03 [Type or print] DEATH 19 61 SAMUE HENRY DEC. 16 carbon 1t, within COLOR OR RACE | 7, MARRIED 8. DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED lest birthday) Hours DIVORCED physician IOa. USUAL OCCUPATION (Give kind of work гешоле 1 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working his, even if retired) U.S.A. RETTRED FARMER FARMING 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? FLORENCE WEAVER 16. SOCIAL SECURITY NO (Yes, no, or unkown) | (Ifyes give waterdales of service) CLEAR SPRING. 18. CRUSE OF DEATH Hoter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gava rise to immediate causa DUE TO (a), stating the underlying the t PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PERFORMED? NO V 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED , 20e, PLACE OF INJURY [Home, farm, Month, Day, Year 20f. (City of fown) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While DIRECTOR: at work at work p.m 2). I certify that (I) (this hoppital) attended the deceased from (I) 6,19. Q.I., and that death occured a W.M. from the causes and on the date stated above. saw the deceased ATTENDING 22a SIGNATURE MED. DIRECTOR PHYS. M.D. 22c. PHYSIC, AN'S 22d. ADDRESS TO FUNE director, be filed BURIAL, CREMATION, 23b. DATE THEREOF 23s. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, town or county) PAULS CEMETERY PIKE, CLSPG, MD. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) CLEAR SPRING, MD. O. Ilvin S. Kraus

RYLAND STATE DEPARTMENT OF HEALTH



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 4 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission Washington Maryland **6. COUNTY** Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give negrest town) Lite Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE ON A FARM? ed. STREET ADDRESS Washington County Hospital (DO) 2013 Wolford Ave. YES TI NO P any delay NAME OF Middle 4. DATE Year 3 to the funero DECEASED OF DEATH Pillian Runkholder. (Type or print) Diola December 1961 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH AGE (In years lost birthday) IF UNDER LYEAR IF UNDER 24 HRS. Months Hours White WIDOWED [DIVORCED T November 26, 1932 29 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Own Home Hagerstown, Md. douaewas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sillian M. Dieterich Harry J.W. Renner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Kagerstown Md. Give Mr-C-H-Burkholder 2013 Wolford Ave. 217-28-5007 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Tum D IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which Tra Cray cal. gove rise to immediate couse **DUE TO** (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? NO IT DESCRIBE HOW INJURY OCCURRED. (Enfor noture of injury in Port t or Port II of item 18.) auto - Bun over le our Con CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City of town) Month, Day, Year (County) (Stote) (actory, street, office bldg., etc.) Ha gees four of work of work 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection -Inquiry deoth resulted from: Natural couses . Accident Suicide . Homicide , Undetermined couse to the Chic ACTUAL DATE SIGNED M.D. CHIEF MEDICAL EXAMINER SIGNATU FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Ditto 111. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 12/20/61 Burial Rest Haven Cemeteru Idagerstown Maruland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Rest Hoven Juneral Chapel Nagerstown Nd_ 5M 9/55 When a Horox

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14526 funeral should 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution, Residence e. COUNTY b. COUNTY Washington by the sand 2 death. Washington MARYLAND b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest fown) write RURAL and give neerest town) Hagerstown Rural Williamsport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, g ve stree, address) 4. IS RESIDENCE d. STREET ADDRESS ON A FARM? Western Md. S.ate Hospital Williamsport YES NO X 3. NAME OF DATE Month Yeer complete DECEASED DEC (Type or print) DEATH 19 and cor 9. AGE (In years , IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lest birthday) White Female | WIDOWED X DIVORCED T Sept. physician 1De. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Williamsport Md. Housewife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Joseph Garrish Georgetta Ardinger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) , (Ifyes give wer or dates of service) Mr. Mobert Byers Williamsport Md RFD # No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** Suppurative pericarditis Conditions, if any, which geva rise to immediate cause DUE TO (a), stating the underlying Chronic purlower britis cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.81 PERFORMED? YES NO Wephrolithiasis 200 ACCIDENT WAS UNDERLY NG J 2Db DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert I. of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. el work ef work D.m. 21. I certify that (I) (this haspitel) attended the deceased from 12-14-64, 1961, to 12-15, 1961, that (I) (we) last 19 6 1, and that death occurred at 2 10 M. from the causes and on the date stated above. saw the deceased alive on DEC 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS AL AL 22c. PHYSIC AN'S 22d. ADDRESS NAME (Type) 1500 PENNA AVE ector, filed death.
TO FUJ
directo 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 1 23b. REMOVAL (Specify) 18-61 Williamsport Riverview Cemetery Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE DEC 1 8 '61 15M 9/60



24a, REC'D BY REGISTRAR

DATE

3 '61

24b. REGISTRAR'S SIGNATURE

YS. A15MII5) SM 9/\$5

23. FUNERAL DIRECTOR'S SIGNATURE

Etchison & Son.

to the Chief J. DIRECTOR: F

E L

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Office

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VR A15 (4) 15M 9/59

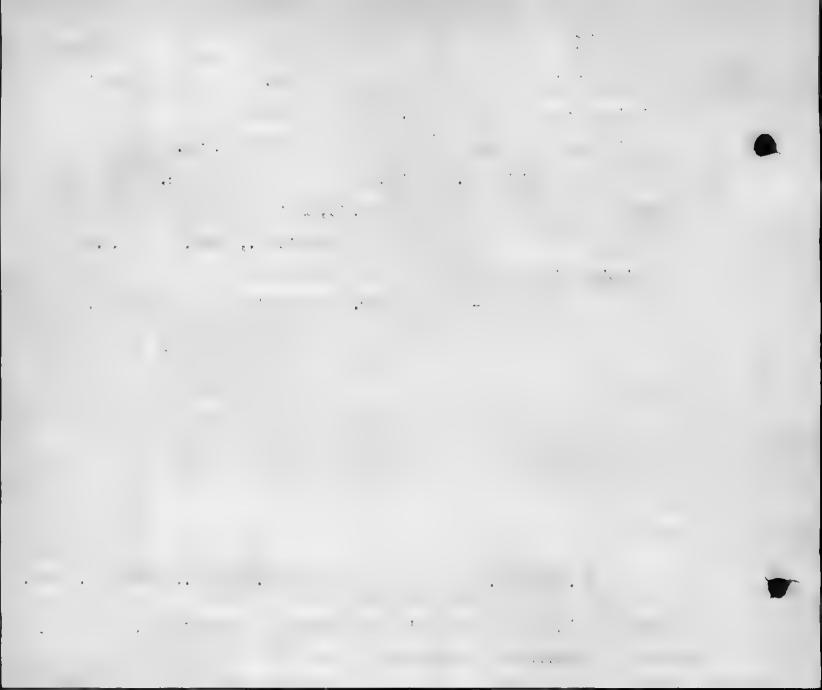
DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH** 17590

	45							404
1, PLACE OF DEATH			ii e ST	L RESIDENCE (WI		f institution: Res	sidence befo	ore admission)
Washingt	on .	MARYLAI	ND Ma	ryland		Wash	ningt	on
b CITY OR TOWN (If outside cor RURAL and give nearest town)	porote limits, write	c LENGTH OF STAY IN	1b c.Cl	Y OR TOWN (IF	outside carporate li	mits, write RURAL	and give ne	earest town)
rural (Pleasan	tville)	39 years	∡ Ru	ral (Pl	Leasanty	ville)		
d. NAME OF HOSPITAL (IF not in	haspital, give street			REET ADDRESS				e IS RESIDENCE
OR INSTITUTION Resident	dence		Hof	fmaster	Road			YES NO X
3. NAME OF	First	Middle		Last	4. DATE	Month	D	Day Yeor
DECEASED (Type or print)	AURA	CATHERIN	E CC	LEMAN	DEATH DE	ecember	13,	19 61
S. SEX 6. COLOR	OR RACE 7 MAR	RIED NEVER MARRIED	8 DATE C	F BIRTH				R IF UNDER 24 HR
Female Whit	te widow	ED DIVORCED	Augu	st 18,	1880 8	st birthday) Mon	Ihs Doys	Hours Min.
10a. USUAL OCCUPATION (Give kin during most of warking life, eve	d of work done 10b.	KIND OF BUSINESS OR I	NOUSTRY 11. E	IRTHPLACE (Stote	or foreign country	12	CITIZEN C	OF WHAT COUNTRY
Housewife	O (wn Home	Sp	rankles	s Mill,	Penna.	US	SA .
13. FATHER'S NAME	*		14. MO	THER'S MAIDEN F	NAME			
Robert Jetson	Gaston		Ba	rbara E	Elizabet	h Frede	rick	r No
15. WAS DECEASED EVER IN U. S. A	RMED FORCES? 16.	SOCIAL SECURITY NO	17, INFORMAN	Mr. Pa	aul A. (colettan		
No None						ry, West	. Va.	
18. CAUSE OF DEATH Enter of	anly ane cause per li						INT	TERVAL BETWEEN
PART I, DEATH WAS CA	USED BY: Cause (o) Ca	rcinomatos	สำร					NSET AND DEATH
153.8	DUE TO	II GILIOME OOL	2 6.9					112552
Conditions, if any, which	(b) Co	ncer of Co	Ton				7	l vr.
gave rise to immediate	DUE TO		7 44 0 4 4					
couse (a), stating the under- ([c]							
Z PART II OTHER SIGNIFIC		CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN	PART 1(a)	19. WAS AUTOPSY
PART II OTHER SIGNIFIC								PERFORMED?
	ING [] 206. DES	CRIBE HOW INJURY OCC	URRED (Enter n	oture of injury in	Port I ar Port II of	(tem 18.)		
20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	CAMINER)							
\$ 20c. TIME OF INJURY Month,	Day, Year 20d.	NJURY OCCURRED 20			n, 20f (City or to	wn)	(County	r) (Stote
20c. TIME OF INJURY Month, Hour a.m	19 White of wor	Not while	tactory, stree	affice bldg , etc				
21 I certify that (I) (this			- Dog	77 10	67 to Do	2 72 1	10 67 4	thank (II) town I for
saw the deceosed alive								
220. SIGNATURE	di Della	and in	iar deorn ac	corred du	LACTION THE	causes ona on	ine doi:	22b. DATE
029	R	_	M.D PHY	NDING M	IED. ST	AFF		12-16-6
22c. PHYSICIAN'S				ADDRESS	IRLC+OR - II			
NAME (Type)	Byron K	Kao, M.D.	Gu	m Sprin	ng Holl	ow, Bru	nsvic	ck. Md.
23g BURIAL, CREMATION, 23b. DA		23c NAME OF CEMETE				(City, fown, or cou		(Stote)
REMOVAL (Specify)	. , .							
Ritrial 12/	15/61	Samples M		V V	D BY REGISTRAR	25b. REGISTRAR		
A-/VDL 01 5	: h().	Marpers	Va.		EG 2 0 '61		7 S. K.	
The value of the		West	VCL.	DAIC		2 347	1 st. I was	ALLE S

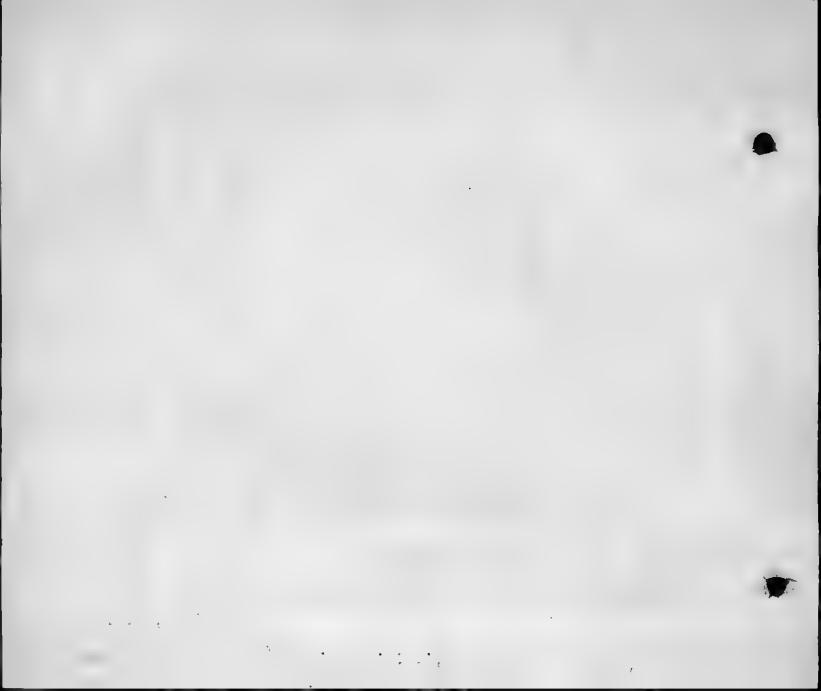


1	CERTIFICATE OF DEATH										
1	1/530	GERTITOA		ere deceased lived. If institution, Resid	14.95						
1	o. COUNTY	MARYLAND	a. STATE	b. COUNTY TAT A	SHINGTON						
/	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	LAND VY 21 utside corporate limits, write RURAL on							
	RURAL and give nearest town)		V-	R SPRING	,						
	d. NAME OF HOSPITAL (If not in hospital, give street	ddress)	1 d. STREET ADDRESS	n Senting	e. IŞ REŞIDENCE						
	OR INSTITUTION RESTDENCE		RURAL YES #								
	3. NAME OF First	. Middle	last	4. DATE Month	Doy Year						
	(Type or print) ROY		CORWELL	OF DEATH DEC	1961						
	The T		B. DATE OF BIRTH	9. AGE (In years IF UND	ER TYEAR IF UNDER 24 HRS						
	MALE WHITE WIDOW		MARCH 19,	1946 lost birthdoy) Magih	20						
	10a USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State	or foreign country) 12 C	ITIZEN OF WHAT COUNTRY?						
		IGH_SCHOOL		TON CO. MD.	U.S.A.						
	DOW (MARK) GODWINE	*	ED ANGEO	COLLEGE							
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes. no. or unknown) [III yes, give wor or dates at service]		FRANCES	GOWER Address							
	NO NONE	NONE	ROY (JACK)	CORWELL CLEAR	SPRING, MD.						
	1B. CAUSE OF DEATH (Enter only one cause per li	ine for (a), (b), and (c).]			INTERVAL BETWEEN						
	PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	HODGKIN'S DISEASE			4 years						
	DUE TO										
	Conditions, if ony, which) (b)										
	gave rise to immediate couse (a), stating the under.										
	lying couse lost.) (c)	CANTAINATINA TO DOLLER	NIAT OF LIFE TO TAKE TERMIN	ALL DIFFERENCE CONTINUES CHICALINES	ADT 1/-1/10 14/AS A ITOREY						
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN P	PERFORMED?						
	PART II. OTHER SIGNIFICANT CONDITIONS 200 ACCIDENT WAS UNDERLYING [] 20b. DES OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in f	Port I or Port II of item 18.)							
			ACE OF INJURY (Home, form		(County) (State)						
	Hour o.m. While of wo	Not while tak	tory, street, office bldg., etc.	1							
	21. I certify that (I) (this haspital) atten-	ded the deceased from	Jan. 8, 1958	December 9	61 that (I) (we) last						
	saw the deceased alive an Decemb			MAMom the causes and an I							
	220. S GNATHRE	-8			22h DATE						
	Chilin Sober	vter-	M D PHYS ME	ED STAFF RECTOR PHYS	12/11/61 ^{SIGNED}						
	NAME (Type) Archie Robert Cohen,	M.D.	22d. ADDRESS Clear Spi	ring, Maryland							
	230 BURIAL CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, town, or count	y) (State)						
	BURIAL 11/12/61	ST. PAULS	CEMETERY	WESTERN_PIKE.	CLSPG. MD.						
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a REC'	D BY REG STRAR 256 REGISTRAR'S							
	Mangaret X1/1 sentan	d Time	DATE DATE	. 4	S. Thoma						





STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, if Institution; Residence before admission) e. COUNTY 0 122 MARYLAND b. CITY OR TOWN (if outside corporate .imits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) ŏ OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER WIDOWED 10b KIND OF BUSINESS OR INDUSTRY 1.12. CITIZEN OF WHAT COLNTRY done during most of working life, even if retired) TOUSE WIFE 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkowst) (If yes give wer or detes of service) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH RATION Office al **DUE TO** 1 PAAKINSCNISM gave rise to immediate cause DUE TO (a), stating the underlying cause lest. be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 1 19. WAS AUTOPSY PERFORMED? YES IN NO CERTIFICA plnays 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Part II of item 18.) CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) Not While While fectory, street, office bldg., etc.) et work et work ed to # 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . and in my opinion should be forwarded to FUNERAL DIRECTO cute the cert death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE NAME (Type) Address (Street, city, town, or county) please 4 shoul O FUN or its DE 22e. BURIAL, CREMAT, ON 22c. NAME OF 22d. LOCATION (City, town, or country) (State) Rock 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Lee Funeral dome 300-4th St. Con they & though 5M 9/60



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14533 funeral shoull 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edm.ssion) a. COUNTY a. STATE **b.** COUNTY by the and 2 death. NASHINGTON MARYLAND MAKYLAND WASHINGTON b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) E. LENGTH OF STAY IN 16 write RURAL and give nearest town ages 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital) ONSBORD give street address e. IS RESIDENCE ON A FARM? YES NO X NAME OF Middle Year paped DECEASED comple (Type or print) DEATH 19 6/ 5. SEX NEVER MARRIED NI | B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Days MALE WHITE WIDOWED [DIVORCED 0 Y53. attending-physician Then please remove 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if refired) and hwany RETURED S NEAR KEEDUSVILLE WASH CO.MD. DOGNSBORG ANDREW MARTIN VAN BUREN IS WAS DECEASED EVER IN J.S. ARMED FORCES? , 16. SC EN DEANER (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) hospital or attending physician. certificate has been signed by the r use as the burial-transit permit. T prior to burial, cremation, or remov NONE WID INTERVAL BETWEEN 18. CRUSE OF DEATH [Enter only one cause per inte for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: t may IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. ed by the hospital or After this certificate h PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY GENTERCATION PERFORMED? NO I 20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIPE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) DIRECTOR: After this c 3 should be detached for 20c. TIME OF INJURY 1 20d, INJURY OCCURRED 1 20e PLACE OF INJURY (Home, farm, 1 20f. (City or town) Month, Dev. Yeer (County) (Stele) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m. 19.50 to.... 5 19Q5, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... 5 19.61, and that death occured at 72M, from the causes and on the date stated above. saw the deceased alive on..... 22e. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHY5. AAL Page M.D. 22d ADDRESS BOONS IS OFFO 22c. PHYSICIAN S SECONDARI NAME (Type) 234 BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) NEMOVAL (Specify) O# B DOONSBORD. DOONS BORO _ WASH . Co. KID TEMEGISTRAN 456. REGISTRAR'S SIGNATURE **EUNERAL DIRECTOR'S SIGNATURE** ADDRESS 25 REC'D VR A1S (4) Cuntury S. though 15M 7/61 60NSBOKO DATE



FOR STATE HEALTH DERJ.

TO DEF.

REDICAL EXAMINER: This certificate siloside accused within 24 hours after death. If any delay is negative please at the certificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the find director. Page 4 should be forwarded to the Chief Redical Examiner's Office along with form PM3-Page 5 may be refared to your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-fransit permit. File pages 1 and 2 with the State Board of Mealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

South

MARYLAND STATE DEPARTMENT OF HEALTH

PLATATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division

-			tJU
	PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, Il institution, Raside	nca bafore edm ssion)
	Washington MARYLAND	Md. b. COUNTY Wast	1.
	b CITY OR TOWN (if outs de corporete timits, c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give	naarest town)
	write RURAL end give neerest town Hagerstown life	/ 2 Hagerstown	
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	IS RESIDENCE
	Washington County Hospital	941A Lanvale St.	ON A FARM?
×	NAME OF First Middle		YES NO
ω.	DECEASED (Typa or print) Mary Josephine		5, ₁₉ 61
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR	IF UNDER 24 HRS.
	female white WIDOWED X DIVORCED	May 4, 1890 Plast berthdey Months Days	Hours Min.
101	L USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
de	ne during most of working lile, even If retirad) Nousewife	Hagerstown, Md.	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Jesse Oliver	Mary S. H. Brown	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		
(Ye	ss. no. or unkown) I (If yes give we ror detecof service)		anna Mal
,-		rs. Catherine Jones, Hagerst	
	1B. CAUSE OF DEATH [Entar only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:		NTERVAL BETWEEN
	IMMEDIATE CAUSE (a) Carcla C IV	mes +	Lume Q_
) 4 DUE TO		
	Conditions, if any, which \(\) (b)		
	gave rise to immediate cause		and a summary of the
	(a), stelling the underlying cause lest.		
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
OLL	gangrene ilumi due to total	olisturchon with flecolife	PERFORMED?
CERTIFICATION	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED.	(Enter natura of Injury in Part I or Part II of stam 18.)	YES
	CAUSE OF DEATH.		
MEDICAL		ACE OF INJURY (Home, ferm, ' 20f, (City or lown) (County)	(Stata)
WED	Hour a.m. While Not While p.m. 19 at work at work	story, street, office bldg., atc.)	
-	21. I certify that I took charge of the remains described above, he	eld an Autopsy Inspection Inquiry I and	d in my opinion
		cide , Homicide , Undetermined manner	o in my opimon
	County lessened from: Transfer cooses [], According [], but	CHIEF MEDICAL EXAMINER	
	ACTUAL DE CONTRACTOR OF THE CO		
	SIGNATURE CHARLE W. STATE	M,D.	DATE SIGNED
	EXAMINER'S Edward W. Ditto 111, N. D.		12/26/61
	NAME (Type) ISTWAT W. DICOS III, II. D.	Address (Streat, city, town, or county)	
2.58	REMOVAL (Specify)		(State)
	burial 12-28-61 Rose Hill		
	FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNA	
S	cott F. Minnich & Son, Hagerstow	n, Md. DATDEC 2 8 '61 C x'un 8. How	A.A.



IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The may be retained by the hospital or attending physician.

IO FUX. ALL DIRECTOR: After this certificate has been signed by the attending physician and complete led in by the funerally director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages, rages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 15M 7/61

MAKIL	AND STATE DEPARTMENT OF HEA	LIN
	CH AND RECORDS, 301 W. PRESTON STRE	ET, BALTIMORE 1, MARYLANI
14535	CERTIFICATE OF DEATH	14500

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm ssion)
A	\ASTIT_IC TON MARYLAND	a STATE MARYLAND b. COUNTY WASHINGTON
7	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-1	HAGERSTOWN 55 YRS.	AGET STOWN
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
1	915 CORLITT ST.	915 CORBETT ST. ON A FARM?
	3. NAME OF first Middle	Last 14. DATE Month Dey Yeer
-	(Type or print) WILLIAM AUGHI IBAUGH	DELLINGIR DECIMBER 3 1961
ŀ	5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS.
-	MALE WHITE WIDOWED DIVORCED	9/18/1898 (est birthday) Months Days Hours Min.
ı	108. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-	CARPENTER SAND BLAST MFG.	CO. MATYLAND ILS.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
A	JACOB LELLINGEF	LAURA SNYDER
4	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
1	(Yes, no or unkown) (Hyesgivewerordelesofservice) 214-09-6617	MPS. IOLA F. DULLINGIF "ID.
1	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTÉRVAL BETWEEN
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*)	ONSELAND DEATH
-	4201 DUE TO	The state of the s
	Conditions, if ony, which) (b) I general to	Juni 1- terres 13 fem
	geve rise to immediate cause	
	(e), stating the underlying cause lest.	
	To the second se	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART THE 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYNG 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH III (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED	. (Enfor neture of injury in Pert I or Pert II of Jem 18.)
	OR CONTRIBUTING CAUSE OF DEATH ((IF EITHER, NOTIFY MEDICAL EXAMINER)	
1		CE OF INJURY (Home, farm, 201. (City or town) (County) (Stete)
1	Hour e.m. While Not While tech	ory, street, office bldg., etc.)
	21. I certify that (!) (this hospital) attended the deceased from	14-1-61, 19, to 12-3-, 19.6, that (I) (we) last
-1		death occured at
1	220. SIGNATURET	/ 22b / DATE
-[191, Delbo	DIRECTOR PHYS.
	22c. PHYSIGIAN'S	22d. ADDRESS
-	NAME (Type) // 3 EIA ////2	The gely have sould
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify) 18/5/62 ROSE 1111	Cl. AIG. FSTO I IP.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	W. J. Moreney Hoderslaven	MA DATE DEC 6 '61 Cathur & House
p.,		



VR A15 (4) 15M 7 61

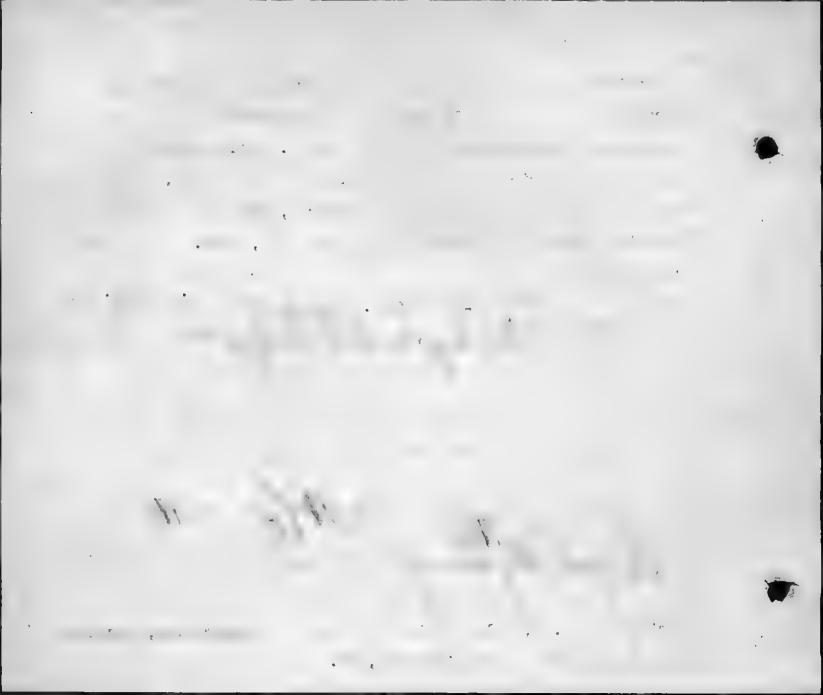
8

MARYLAND STATE DEPARTMENT OF HEA	LTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14536 CERTIFICATE OF DEATH 14536 14501

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE			idence before admission)
Washington	MARYLAND	. STATE Maryla		Washingt	on
b. CITY OR TOWN (if outside corporata limits,	LENGTH OF STAY IN 16		outsida corporala limit		
Hagers town	10 days	3 Hagers	stown		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital	il, give street address)	d. STREET ADDRESS			4. IS RESIDENCE ON A FARM?
Washington County Hosp	oit _{al}	126 W.	Bethel S	treet	YES NO
3. NAME OF PIEST	Middla	Lasi	4. DATE OF	Month	Day Yeer
(Type or print) Marie		Dixon	DEATH D	ec. 1	7 19 61
5. SEX 6. COLOR OR RACE 7, MARRIED	NEVER MARRIED B	, DATE OF BIRTH	9. AGE (In	years IF UNDER 1 YE	
Female Negro WIDOWED	DIVORCED 🔲	October 5,1	1900 61	yrs. Mooths Da	2 Hours Min.
10a. USUAL OCCUPATION (Give kind of work dope during most of working life, even if refired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE [Count	y & State, or foreign co	ountry) 12. CITIZE	N OF WHAT COUNTRY?
	Homes	Cleveland	l , Tenn.		USA _
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Frank Hamilton		·	Mary Phil	The second second	_
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO (Yes, no, or unkown) (Hypergivewer or detes of sarvice)				ddress136 St	
200		. Coloman	Barnes 9	leveland	Ohio P
18. CAUSE OF DEATH [Enler only one cause our line PART I. DEATH WAS CAUSED BY:	for (a), (b), end (c).]	1 // V	1 -1-	an /	ONSET AND DEATH
IMMEDIATE CAUSE (+)	Wy a Car	dial or	Lanc N	TWC	Lukes doll
bue to	1		/)		(
Conditions, if any, which (b)	· V		V		
gave rise to immediate cause [a), stating the underlying DUETO	•				
cause lest, (c)					, <u> </u>
PART I. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	IAL DISEASE CONDITIO	ON GIVEN IN PART 1	e) 19. WAS AUTOPSY PERFORMED?
8					YES NO
PART I. OTHER SIGNIFICANT CONDITIONS CONTRI 20a. ACCIDENT WAS UNDERLYING 20b. DESCRI OP. CONTRIBUTING CAUSE OF DEATH OF IETHER, NOTIFY MEDICAL EXAMINER!	BE HOW INJURY OCCURED	, (Enter nature of injury in I	Peri I or Part II of stem 1	B.)	
TIME OF INJURY Month, Day, Year 20d. INJ	URY OCCURRED 200, PLA	CE OF INJURY (Homa, farm	, ZEI. [City or town)	(County	r) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJ Hour a.m. While	71707 77 71110	tory, street, office bldg., etc.		100	
21. certify that (i) (this hospital) a realist		2/11/1	10/2	111/2 6	, that (I) (we) last
saw the degeased alive on	111	death occured at	M. from the c		dale stated/above.
220. SIGNIFIE		(01)	/		1 7226 DATE
1 Oblition	in al		AED. STAFF	n 12	GIGNED
22c. PAYSILANS	- SV. J	22d, ADDRESS		_ /	74/ -1-
MAME (Type)					
	30. NAME OF CEMETERY	OR CREMATORY	23d, LOCATION (Lity, lown or county)	(Stete)
REMOVAL (Specify	Rosehill C	emetery	Un mana	hours Man	See Cree
24 EUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC	Hagers	SE REGISTRAR'S SIG	NX TURE TICL
albert Later Wi	lliamsport	Md. DATEDE	C 2 2 '61	Cally S. A	and -



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14537 CERTIFICATE OF DEATH 4.4500

u		13302
٦	1. PLACE OF DEATH	USUAL RESIDENCE (Where daceased lived, If institution; Rasidence before edmission)
ı	b. CITY OR TOWN (flouis de corporete limits, c. LENGTH OF STAY) write RURAL and give nearest town)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town,
ı	Hagerstown 7 Yrs	Hagerstown
9	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS a. 15 RESIDENCE ON A FARM?
ı	41 East Antietam St	41 East Antietam St YES NO I
	3. NAME OF P First Middle Middle	Last 4. DATE Month Day Year OF
4	The same and the same as the s	CHELBERGER DEATH Dec 25 1961 19
1	5. SEX 6 COLOR OF RACE 7, MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1
	Female white WIDOWED DIVORCED [
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR IN dona during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (THE RESENT OF COUNTRY) 12. CITIZEN OF WHAT COUNTRY?
	Metal Worker Fairchild	McConnelsburg Ra USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Samuel Foreman	Mary Butts
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yas, no, or unkown) (Ifyasgivawarordetasofservica)	17. INFORMANT Address
		Lloyd W. Eichelberger 41 E. Antietum St
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b., end (c))	Hagerstown lad. // Interval Between ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Prohable Ventr	icular F. Drillation coursed by Immedeli -
	5)1, DUETO -1 P	10 1. 5-11
	Conditions, if any, which to b) Extreme are	1 xy5/x uf Coughin, Spelf 1-2 Mina by
	gave rise to immediate cause (a), stating the underlying DUE TO	C. L. L.
	causa last. (c) // Espiration	Frye ying 10 days
	PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	[8]	YES NO NO
	PART II. OTHER'S GNIFICANT CONDITIONS CONFIRENTING TO BEATH BY 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING CAUSE OF DEATH IN CITY MEDICAL EXAMINER)	CURED. (Enter natura of injury in Part II or Part II of Itam 18.)
i		
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20 Hour e.m. While st work st work st work	Da. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (State) [ectory, street, office bldg., etc.)
	p.m. 19 st work at work	
	21. I certify that (I) (this hospital) attended the deceased	
	saw the deceased alive on 24. Uec. 196/, and	that death occured at 1.4.0% from the causes and on the date stated above.
	22a SIGNATURE	ATTENDING MED. STAFF 22b. DATE
	J J dusky	M.D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
	22c PHYSICIAN'S FFLUSBY	220 NR Jamis Hassont 741
	23a. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEM	ETERY OR CREMATORY 23d, LOCATION (City, lown or county) (State)
	REMOVAL (Spacify)	1 ==
	Burial 12/28/61 Rest v Ha 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	ven Cemetery Hagerstown Wash Co Md.
		DATE IAN 2 162

TO HOSY/AL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after 5 death.

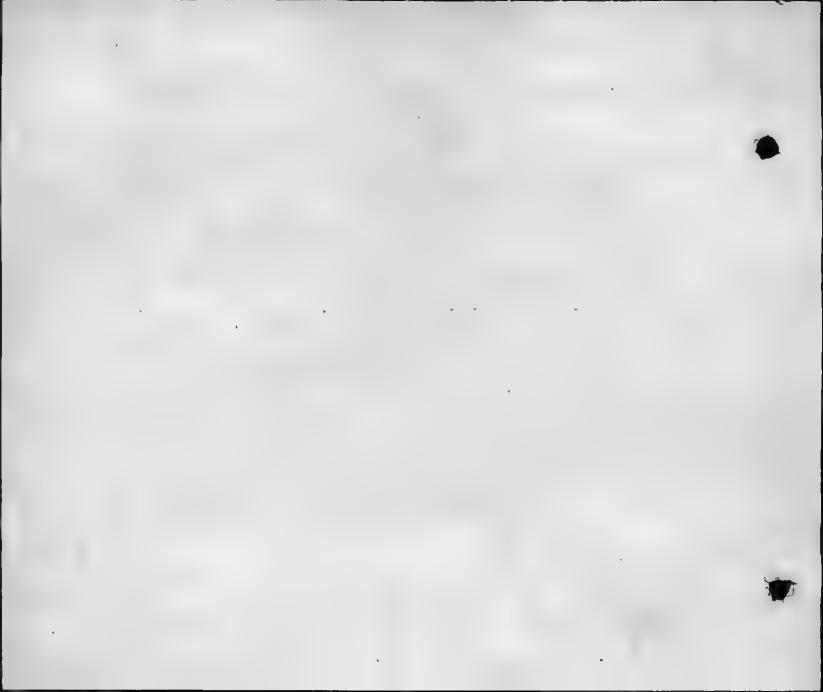
You have a may be retained by the hospital or attending physician.

You have a may be retained by the hospital or attending physician.

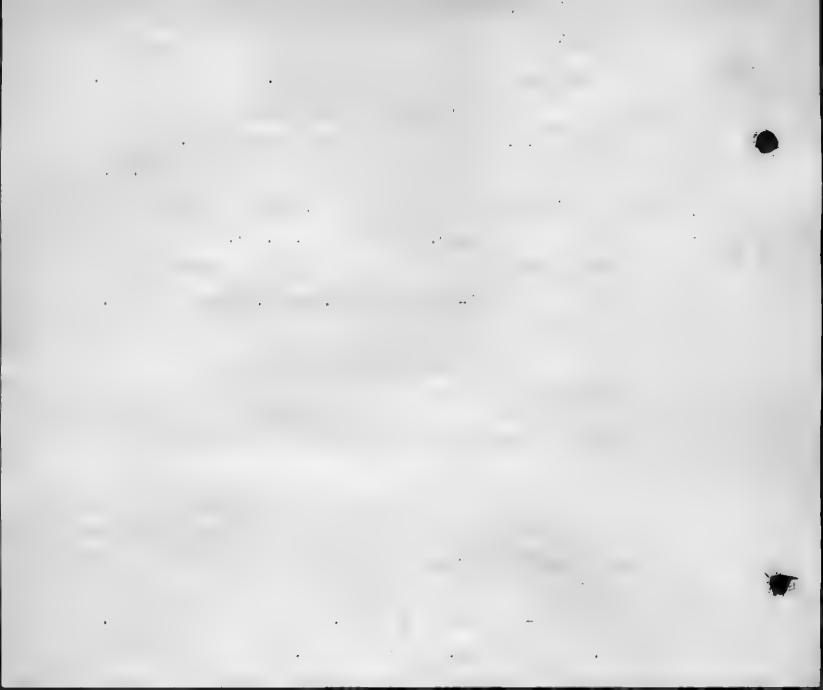
You have a may be retained by the hospital or attending physician and complete the death of in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Fages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

C

ed in by the funeral rs. rages I and 2 should hours after death.



death certificate



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNEXIZE DIRECTOR: After this certificate has been signed by the attending physician and complete.

To FUNEXIZE DIRECTOR: After this certificate has been signed by the attending physician and complete.

The perfect of the perf

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14539 CERTIFICATE OF DEATH 14504 14504

I. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed I ved, if Institution: Re	sidence before adm ssion)
Washington MARYLAND	Maryland Washington_	
b. CITY OR TOWN, if outside corporate I m is, c. LENGTH OF STAY IN 1b write RURAL and give neerest lown)	c CITY OR TOWN (If outs de corporate lamits, write RURAL and	give neerest town)
H Gerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
Wash County Hospital 3. Name Of Deceased First Middle	409 Mitchell Ave	Pay Yeer Yeer
5. SEX COLOR OR RACE 7, MARRIED NEVER MARRIED	FEIGLEY B. DATE OF BIRTH PEGENDER PAGE IN YEAR OF BIRTH	21 19 E1 TEAR IF UNDER 24 HRS.
Male White WIDOWED D VORCED F 10e. USJAL OCCUPATION (Give kind of work done during most of working life, even if ref red)	eby 21 1885 76 yrs.	EN OF WHAT COUNTRY?
Baker 13. FATHER'S NAME Manbeck Bread Co	14. MOTHER'S MAIDEN NAME	USA
Kent Feigley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Iffyesgive werordales of service)	Emily Armstrong	
	ernard Feigley 23 So Cannon	Ave
is. CAUSE OF DEATH [thier only one ceuse per line for (e), (b), end (c).)	Hagerstown Md.	INTERVAL BETWEEN ONSET AND DEATH B HOUTS
PART I DEATH WAS CAUSED BY. Acute Coronary	Occlusion	8 hours
42010 DUE TO	TT & The same	10 years
101	c Heart Disease	11 nonths
geva rise to immediata cause (e), stating the underlying DUE TO		
ceuse lest. (c)		A Vinimus or a state of the sta
Previous myocardial minereston of	or related to the reminal disease condition given in part to due to the pulmonary Euphysems	PERFORMED?
Coronary Thrombosis - March 155	1 73 pronental Asthma.	YES K NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURE CONTRIBUTING CAUSE OF DEATH 206. DESCRIBE HOW INJURY OCCURE (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (EX neture of injury in Pert I or Pert II of Item 18.)	
	ACE OF INJURY (Home, ferm, 20f. (City or town) (Country, street, office bldg., etc.)	ty) (Stete)
p.m. 19 at work et work		
saw the deceased alive/on Dec . 21 1901, and the	Dec. 21 6:101 Dec. 21, 19	that (1) (WW) last
	at death occured at	
		12-22-61 GNED
NAME (Typa) William T. Layman,D.	rstan, Processional .	rts oldz.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
Burial 12/23/61 Rose Hill	Cenetery Hagerstown Was	h Co & Ma
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256 RECID BY REGISTRAR 256 REGISTRAR'S S	GNATURE OF
Andrew K. Coffman Hagerstown Md.	DATE	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral See birth certificate on file in this office I. PLACE OF DEATH a. COUNTY **b.** COUNTY a. STATE WASHINGTON 1 2 E MARYLAND MARYLAND WASHINGTON death. and b CITY OR TOWN , I outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) Š write RURAL and give neerest town) .⊑ ~ HACTORSTOWN YEARS HAGERSTOWN d. NAME OF HOSP TAL OR INSTITUTION (if not in hosp'te, a va streat address) e. IS RESIDENCE ON A FARM? YES NO V 1611 CATHEDRAL AVENUE 1611 CATHEDRAL A NAME OF Middie Year completer paper DECEASED OF (Typa or print) DEATH 19 61 FRANCTS JOHN. DECEMBER and cor 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED B. DATE OF BRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Deys Hours MALE WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION [Giva kind of work 1 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Steta, or foreign country) done during most of working life, even if ratirad) U.S.A. MARYLAND GARRET SCHOOL PRINCIPAL EDUCATION 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ANNIE DORSEY JOHN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO | 17. INFORMANT Address (Yas, no. or unknown) | (Ifyas give war or datas of sarvical) HAGERSTOWN MARYLAND 212-24-1752 MRS. VIVIAN P r attending physician, has been signed by the 18. CAUSE OF DEATH [Enter only one cause per line for [e], (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH coronary thrombosis 20 min IMMEDIATE CAUSE (a) the burial-transit burial, cremation DUE TO Arterioscleratic Heart Disesse Conditions, if env. which (b) gave rise to immediate cause DUE TO (e), stating the undarlying cause rast. PART II. OTHER S GNIFICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY After this certificate CERTIFICATION PERFORMED? NO Y NAIVE 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Part I or Part II of Itam 18.) WAS UNDERLYING OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20a. PLACE OF INJURY (Homa, farm, , 20f. (City or town) (State) Month, Day, Yaar 20d INJURY OCCURRED fectory, streat, office bldg., atc.) Whila Hour a.m. Not While at work et work DIRECTOR: 21. I certify that (1) (this hospital) attended the deceased from Dec - 126, 1961, to Dec - 26, 1961, that (1) (see) last19 6.1..., and that death occurred at JA ... M, from the causes and on the date stated above. saw the deceased alive on by C - 2 6 22a. SICHATURE 22b. DATE STAFF SIGNED ATTENDING MARD DIRECTOR PHYS. PHYS. (an 22c. PHYSICIAN 22d. ADDRESS NAME (Tyre) POTOMAC ST 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) နှင့်ချွဲနှ GRANTSVILLE MARYLAND GRANTSVILLE CEMETERY 24 HUNGAL ORECTOR'S SIGNATURE ADDRESS
SUTER - ROUZER PUNERAL HOME HAGERSTOWN MD. 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1 din 8 Thanks 162 DATE JAN 9 15M 9/60



I	te	m 18 Film 2-62 ams	30MARYL	AND S	TATE DEPAR	RTME	NT OF HE	ALT	H-BAL	TIMORE,	18				
		121	ME ME	DICA	L EXAMIN	ER'S	CERTIFI	CA.	TE OF	DEATH	Reg.	Dist. Ne	F.4 C	(1) [
	113	MACE OF DEATH COUNTY Washing to	n		MAR	rland	2. USUAL RESID			ed lived. If Institu	t .	dence be	ore com	isoion)	
X		o. CITY OR TOWN (If of one of give neores) sown)	outside corporate Krnits, write	c. CITY OR TOWN (If cutside corporate limits, write RURAt and give nearest town) Maugansville											
>		Main St	· ·	f not in hos	oital, give street addre	11)	d. STREET ADI		Dewey	Ave			ON	A FARM?	
			Fin	ELW(ESNER		4. DATE OF DEATH	Decembe		Doy 6 19	961 1		
	1	sex Vale	White	WIDOWED			May 7 1	925	5	9. AGE (In years lost birthday) 36 yrs.	Months	R TYEAR Days	Hours	Min.	
	_	Plumber	N (Give kind of wark of life, even if retired)	lane 10b. K	IND OF BUSINESS OR		augansv	111	e Was			TIZEN O	F WHAT	COUNTRY	
		Snively				1			Sha Sha						
	15. (Yes	No No	R IN U. S. ARMED FOI (If yes, give war or dates of t	315	60 SECURITY NO. 20 – 20 – 2261		ivley E	. G	lesne	r Maug	ans				
		PART I. DEATH	H (Enter only one cau I WAS CAUSED BY: MMEDIATE CAUSE (a)	e per l'ne f	or (0), (b), and (c).]	911				trades e de constante en en elemente en en elemente en en		INTE	ET AND DE	EEN ATH	
		Canditions, If an gave rise to immedi	ofe couse		Acute Ale	coho	lic Into	oxio	ation			4	4-6 hrs.		
4	NOL	cause last.	(c).	DITIONS CO	NTRIBUTING TO DEAT	H BUT N	OT RELATED TO TH	E TERM	INAL DISEASE	CONDITION GIV	EN IN PA	RT 1(a) 1	9 WAS	AUTOPSY ORMED?	
2	CERTIFICATION	20g. EXTERNAL CAUS PRIMARY or CON CAUSE OF DEATH.	SE WAS TRIBUTING []	o. DESCRIBE	HOW INJURY OCCUI	RRED. (Er	nter noture of injur	y in Par	t tar Port II o	of item 18.)			YES ZL	-HO[]	
	MEDICAL	20c. TIME OF INJURY Haur a.m. p. m.	Month, Day, Yea	While		0e PLAC focto	E OF INJURY (Horry, street, affice bl	ne, form	n, 20f. (City	or fawn)	(C	ounty)		(Stote)	
			at I took charge from: Natural	_	emains described		ve, held an A cide □, Hor		_	_			, and	find that	
4		ACTUAL SIGNATURE C	Reand	W	J/K2		_M.D. CHIEF MED			-			DATE S	SIGNED	
C			Edward W. I				t. DEPUTY ME	_		1			18/6		
	E	REMOVAL (Specify)		1	bunkard C		tery		adfor	ding Wa	sh	Ca l	(Stot	*)	
1	23.	funeral director's Andrew K		n Has	ADDRESS cerstown	Md.		ATE	D BY REGISTI	RAR 24b. REGIS			RE		

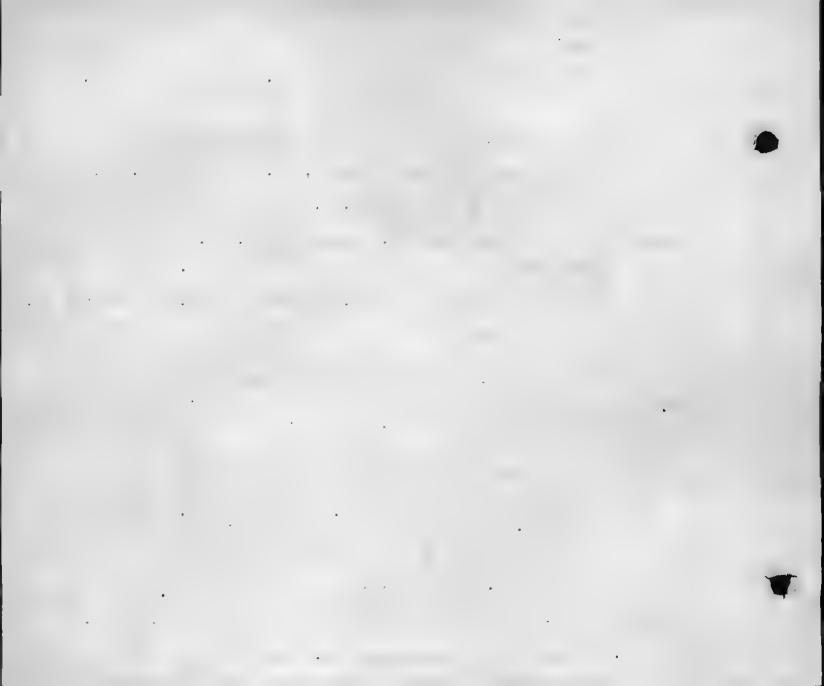
TO DEPUTY AREDICAL EXAMINER: This certificate stauld be executed within 24 haurs after death. If any delay is necessary, please execute the Miscate, writing the ward "pending" in pencif in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward. In the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your first To FuneRAL DIRECTOR: Page 3 should be used as a burial-transit permit. File mages 1 and 2 will the majstrain.

or removal.

VS. A15ME(5) SM 9/55



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14549 funeral, should PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before edmiss on) a. COUNTY Washington e. STATE **b.** COUNTY Md. Wash. the 12 MARYLAND b, CITY OR TOWN (if outside corporate lim'ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I mits, write RURAs, end give neerest town) write RURAL and give nearest town) Hagerstown Hagerstown vears d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street eddress) d. STREET ADDRESS Washington County Hospital 1870 Fountain Head Road YES NO A 3. NAME OF Middle DECEASED Sr. DEATH William. Hankey. Lamas Dec. 30 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BRITH 9. AGE (in years , IF UNDER 1 YEAR IF JNDER 24 HRS. 80 Months and carb 1, 1881 white male Aug. WIDOWED T D VORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) owner ice cream Co. Rocky Ridge, Md. 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME James Hankev Emma J. Long 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesg.vewarordetesofservice) Mrs. Kathleen Beyard, Hagerstown, Md. none attending physician, as been signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY Uremia hours IMMEDIATE CAUSE (a) certificate has been signer or use as the burial-transit prior to burial, cremation. inaeter-DUE TO Arteriolarneohrosclerosis geve rise to immediate cause - Right ventricular dilatation and nypertrophy (e), steting the underlying to chronic purulent bronchitis, bronchial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDIT ON GIVEN IN PART 10 19. WAS AUTOPSY the hospital Atherosclerotic Heart sthma and pulmonary emphysema. PERFORMED? Disease YES X NO 1 200. ACC DENT WAS JNDERLYNG OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert L or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (Stete) 20f. (City or lown) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work may be relain 21. I certify that (I) (INIX NOVINAL) attended the deceased from Dec. bec. saw the deceased alive on 22e. SIGNATURI 22b. DATE ATTENDING SIGNED PHYS. PHYS. DIRECTOR MD. PHYSICIAN'S 22d. ADDRESS Public Sauare FUNLE La yman. Hagerstown. _______. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0.5 8 Green Hill Cemetery Wavnesboro, Penna. burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) athur S. Frank 15M 9/60 Scott F. Minnich & Son, Hagerstown, Md. DATE JAN 3



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss on a. COUNTY b. COUNTY Washington by the fand 2 s death. Maryland. Washington MARYLAND c. CITY OR TOWN of outside corporate l'mits, write RURAL end g've nearest town) pue b. CITY OR TOWN (if outside corporete I mits, c. LENGTH OF STAY IN 16 ξ, write RURAL and give neerest town) Hagerstown Downsville 5 d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Woburn Manor Boarding Home 127 Randolph Ave. YES NO 3. NAME OF M.ddle DECEASED (Type or print) Hann Mau December 18 9. AGE (In yeers | IF JNDERT YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lest birthday) and Months | Days Gemale November 10, 1879 DIVORCED WIDOWED 🔀 12. CITIZEN OF WHAT COUNTRY? TDe. USUAL OCCUPATION (Give kind of work | 1 106 KIND OF BUSINESS OR INDUSTRY State, or foreign country) done during most of working I fe, even if refired) Own Home Manchester Md. Housewite. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Amanda Bowser 15. WAS DECEASED EVER IN J.S. ARMED FORCES? [Yes, no, or unknwn] (If yes give wer or detes of service) Mr. R. J. Hann 124 S. Potomac St. Hogerstoyn, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate ceuse DUE TO (a), stating the underlying PART IL OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D SEASE CONDITION G VEN IN PART I(a) 19. WAS ALTOPSY CERTIF, CATION NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc. While Not White Hour e.m. el work 21. I certify that (I) (this hospital) attended the deceased from. 19, that (1) (we) last from the causes and on the date stated above. ..., and that death occured at 2 PHYS. OF CEMETERY OR CREMATORY 23a. BURIAL. REMOVAL (Specify) ÖÖ 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Rest Haven Juneral Chapel Hagerstown, Md. 15M 9/60 a. Horst



RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEAR CERTIFICATE OF MEDICAL EXAMINER'S HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) Washington y is necessary, director. Page or your files. b. COUNTY Washington Mary1and MARYLAND b. CITY OR TOWN (if oulside corporeta limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest lown) 6 Rural Hagerstown 33 years Rural Hagerstown d. NAME OF HOSP TAL OR INSTITUTION (if not in hospita, give street address) d. STREET ADDRESS a. IS RESIDENCE Hagerstown Rt. 6 Hagerstown Rt. YES NOT State If any of the fu 3. NAME OF Middle DATE er death. If any DECEASED (Type or print) Howard Harbaugh DEATH December Burlton 2 with the 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 5 SEX IF UNDER 24 HRS age 5 may 1 and 2 wit lest birthday) "in pencil in Item 18. Give Pages 1, 2, and Office along with form PM3, Page 5 may burial-transit permit. File page, 1 and 2 w movel, and in any event within 72 hours. Months White June 8 1889 Male WIDOWED [DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Navy Yard Creagerstown. Md. retired Machinist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Brown Harry Harbaugh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | [Ifyasgivewarordetesofservice] 215-26-8428 Mrs. Myrtle V. Harbaugh certificate should be executed 18. CAUSE OF DEATH [Enlar only one cause of line for (a), (b), and (c).] INTERVAL BETWEEN Office along w burial-transit p moval, and in a ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office **DUE TO** removal, O Concussion Conditions, if any, which geva rise to immediate cause 40 Examiner's DUE TO (a), slating the undarlying 10 6 cause lent. pesn PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 8 the word YES NO Medical plnods DESCRIBE HOW INJURY OCCURED. (Enlar nelure of Injury In Part I or Part II of Itam 18) 208 EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING writing the e Chief Me Page 3 short Struck back 162-04-CAUSE OF DEATH. 2Dd. INJURY OCCURRED 1420a. PLACE OF INJURY (Home, form, 20f. (City or lown) 20c. TIME OF INJURY (County) Month, Day, Year factory, streat, offica bldg., atc.) Not While Wash 를 A at work el work 08 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion 0 forwarded to I. DIRECTO Suicide | Undetermined manner death resulted from: Accident -Homicide | 1 Natural causes CHIEF MEDICAL EXAMINER 110 ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL DE UTY MEDICAL EXAMINER EXAMINER'S plnous NAME (Type) Address (Streat, city, town, or county) DEP 224. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 9 12-26-61 Hagerstown, Ö Rose Hill Cemetery Md. Burial ℸ 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Hagerstown. Md. DAFFEC 2 8 '61 Scott F. Minnich & Son arthur S. Thomas 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

ON A FARM?

Year

1961

(State



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

-	14545	CERTIFICATE	OF DEA	111	145	109
1,	PLACE OF DEATH	2		ENCE (Where deceases		sidence before admiss on)
	WASHINGTON	MARYLAND	PENNSY	A T MAN T A	FRANK	T TIM
_	b. CITY OR TOWN (if outside corporete limits,	LENGTH OF STAY IN 16		VN (If outside corporete I		
	write RURAL and give nearest town) HAGER STOWN		Diff 3 CTUA	MDEDEDMOG O	DEED MOUNTS	TTYP
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	a, give street address)	d STREET ADDR	MBERSBURG G	REENE TUNNS	a. IS RESIDENCE
	WASHINGTON COUNTY HOSPITAL	-	R.R.3 C	hbg.Pa.	754.2	ON A FARM?
3.	NAME OF First	Middle	Last	4. DATE	Month	Day Year
	DECEASED AGEN	_		OF DEATH DEC		961 19
5.	SEX 6. COLOR OR RACE 7 MARRIED E	EX NEVER MARRIED 8 D	HECKMAN ATE OF BRITH		(In yeers HF UNDER 1 Y	***
1 2	7 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	INC. LEW INVANCED [ot.14th	lest	A Lab days 1	bys Hours Min.
				County & State, or fore gr	yrs. 12 CITIZ	EN OF WHAT COUNTRY?
1 40	one during most of working life, even if retired)					S.A.
13	rm & Poultry all his L	ire	Peters . MOTHER'S MAI	- A	ma, U.	
1~		17				
15	Henry L. Heckman WAS DECEASED EVER IN U.S. ARMED FORCES? + 16. SC		Mary E	r rer		
(Y	to or unkown) (If yes give war or detes of service)	CIAL SECURITY NO. 17 INF		77 1 m	Ŕ°°Ä", #3Chì	og.Pa.
7000		274 0	• петта	Heckman 🚗	Greene Tv	νĎ.,
	18. CAUSE OF DEATH [Enter only one cause per line RART I. DEATH WAS CAUSED BY:		0 1			ONSET AND DEATH
	MMEDIATE CAUSE (+)	spiratory 1	-alluy	<u>e</u>		5 min.
	DUE TO	· / / /	/		. ,	F
	Conditions, if eny, which (b) (ey	rebral edemi	a (follo	owing cra	motomy)	a days
	geve rise to immediate couse (a), stating the underlying DUE TO	+ 11 1	1	0 60	(/ 1	2
	couse last, (c) / n	tracerebral	hemat	oma (Spo	ntaneous)	3 weeks
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT R	ELATED TO THE TE	RMINAL DISEASE COND	ITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
I¥.						YES NO
CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCR	BE HOW INJURY OCCURED. (Er	nter nature of injur	y in Part I or Part H of its	m 18.)	
18	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
1		1	OF INJURY (Homa,		wn) (Count	y) (Stata)
MEDIC	Hour a.m. While ef work [street, office bldg.	, erc./		
	21. I certify that (I) (this hospital) attended	the deceased from	VOV. 2.14	19.6/ to Di	ec. 11 196	/ that (I) (we) last
		19.61., and that de		A		
	22e. SIGNATURE		1	1010	COSCOS CITO OTT III	22b, DATE
1	A.T. Bund	lal M.D.	ATTENDING PHYS		AFF YS.	SIGNED
	22c. PHYSICIAN'S	M.U.	22d. ADDRESS			
	NAME (Type) A F ARDULLAH M D		132 N T	POTOMAC ST.	UACERSTORM	MARYLAND -
23		3c. NAME OF CEMETERY OR			(City, town or county)	(Stale)
	REMOVAL (Specify)	incoln Cem		Chambers	D117201 T2	CO.RA
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a.	REC'D BY REGISTRAR		
1	All and the	town_M_d	DAT	DEC 2 9 '61	C .m & To	,
	TO STREET ON DOT TUNK GT. B	DOWN THE TOTAL T	IVAII			

ed in by the funeral ages I and 2 should after death within 24 hours after completel, executed carbon and a The law requires that the death certificate be and in any event, physician Then please remove TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death death. A set may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending director, page 3 should a detached for use as the burial-transit permit. Then please be filed with the State Dept. of Health prior to burial, cremation, or removal, and in

YR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND 14548 CERTIFICATE OF DEATH director, executed within 24 hours ofter death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE filed b. COUNTY MARYLAND he funeral should be fi b CITY OR TOWN (If outside corporate limits, write RURAL and givernearest tawn) c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Orzenco tarens telun d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 348 YES NO T 4. DATE OF NAME OF Middle Yeor DUCKASER campletely filled (Type or print) DEATH 196/ 5 SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Dovs DIVORCED | WIDOWED [yrs. 듄 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Machine pup FOLEMAN 13. FATHER'S NAME PHYSICIAN: The law requires that the death certificate physicic 15. WAS DECEASED EVER IN U ARMED FORGES? 16. SOCIAL SECURITY NO 17 INFORMANT Address I'ves, no. or.unknown's even 5 please CAUSE OF DEATH | Enter only one cause per INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (c) **DUE TO** Conditions, if any, which signed gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. **burial-transit** PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY CERTIFICATION PERFORMED? YES NO TO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of ilem 18.) 20c TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work ot work p. m 21. I certify that (I) (this hospital) attended the deceased from 25 Nov. Dec. 1961 , that (1) (we) last Dec. 1961 and that death occurred al. M, from the causes and on the date stated above. saw the deceased alive an DIRECTOR 22a SIGNATUR 22b DATE 61 ATTENDING STAFF PHYS MED. M.D 22c PHYSIC AN'S 22d, ADDRESS Paul S. Carlisle St., Greencastle, Penna. F. Webster. M.D. moy be page 3 shi the State BURIAL, CREMATION, 235, DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION [City, fown, or county] (State) REMOVAL (Specify) 0 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) C. - " HT & Trank 15M 9/59

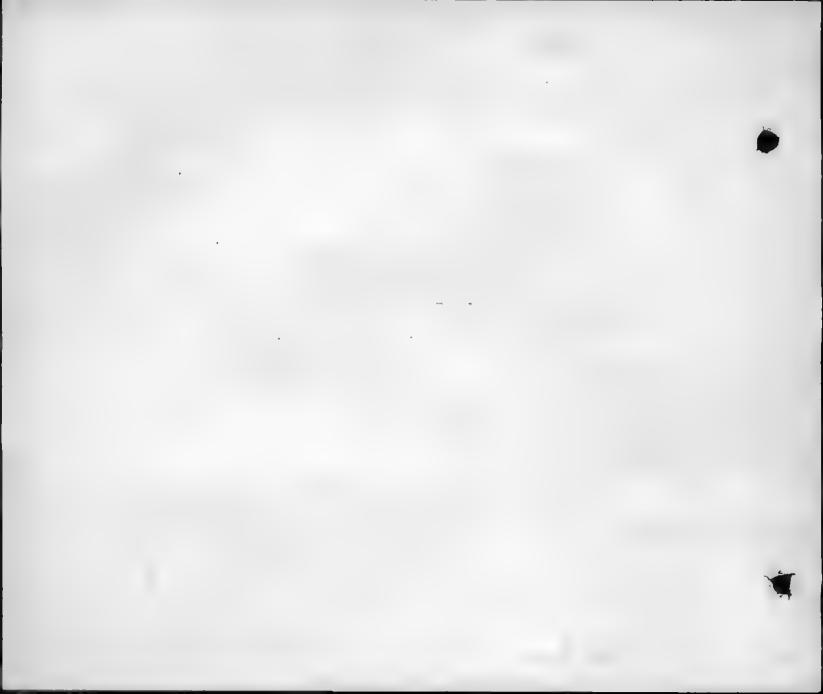
MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 ルビス PM

		14547		CERTIF	FICA	TE OF D	EATH			14	511		
1.	PLACE OF DEATH	shington		MAR	YLAND	2 USUAL RESI	pence (who		l lived. If insti b. COUN	tution: Re	sidence before hing	t on	sion)
R		outside corporate limi	ts, write c	Life	IN 1b		TOWN (If or	utside corpo	rote limits, writ	e RURAL	ond give ne	arest tow	n}
	NAME OF HOSPITA ORINSTITUTION RESIDE	AL (If not in baspital, g NCE	ive street add	dress)		AFD#1		xvill	le, Md	ь		ON A	FARM?
	NAME OF DECEASED (Type or print)	JOSEPH		Middle ELMER		HIMES		4. DATE OF DEATH	Decem	· · · ·	14	,	Year 19 61
	Male	White	WIDOWED	-	0	Oct.31	,1891			y) Mon		Hours	Min
	USUAL OCCUPATIO during most of worki Merchant FATHER'S NAME	N (Give kind of work ing life, even if retired		nd of Business of		Sands	у Ноо	k, Mo		112	USA		COUNTRY
	Samuel		1			Ann	nie P	ierce					
15 [¥=	WAS DECEASED EVER	IN U. S. ARMED FOR f yes. gue war or doted of s NOTIC	ervice:	7-30-568		RFD#				d.			
7	420.1 Canditions, if on gove rise to in couse (a), stoting t lying couse lost.	mediate (1	NTRIBUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEAS	E CONDITION	GIVEN IN		SET AND	AUTOPSY
CERTIFICATION	20a ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH		BE HOW INJURY O								PERFC YES	NO (
MEDICAL	20c TIME OF INJURY Have a m. p. m.	Month, Day, Ye	While of work [URY OCCURRED Nat while	20e PL	ACE OF INJURY (clary, street, affic	(Home, form, e bldg , etc.	20f. (City			(County		(State
	21 I certify that saw the defects 22a SIGNATUR 22c. PHYSICIAN'S NAME (Type)	6.E	12-13	Ruitt	that a	M.D. ATTENDIN PHYS 22d ADDR	d of A		the causes STAFF PHYS			e stated	
230	BURIAL, CREMAT OF REMOVAL (Specify) Burial FUNERAL DIRECTOR'S	12/17/6		old Bret Hackers	hre	n Cemet	25a. REC'I	Brov By REGIST		le,	Md.		ite)
1	T. Nona	ld lack	les			W. Vá.	DATE	EG 2 0	01	E and	4 Z 2	Alien	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

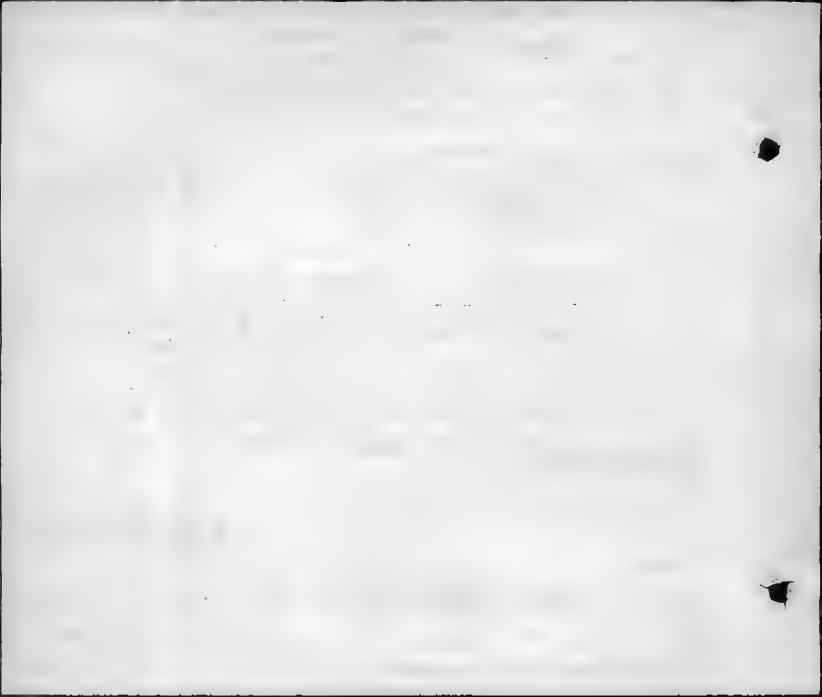
hours after death

ploods

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15M 9/55



ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Washinaton Washington MARYLAND 하는 다음 다음 by th b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outs de corporate limits, white RURAL and give necrest town) c. LENGTH OF STAY IN 16 write RURAL and give necrest town) San Mar yrs Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Fahrney-Keedy Home 61 W. Franklin YES NO K 3. NAME OF M ddla DECEASED Elizabeth Hollinger Densie (Type or pr nf) DEATH December 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 19. AGE (In years IF UNDER 1 YEAR SE UNDER 24 HRS lest birthdey) Hours Gemale. DIVORCED [IDe. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY physicia■ done during most of working life, even if relired) Jeacher Upton, Penna Education 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Oellia 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Granklin St. (Yas, no, pr unkown), (If yes give war or deles of serv'ca Mrs. Beuloh A 18. CAUSE OF DEATH (Enter only one cause per line for (a., fb), and (c),(ONSEDANO DEATI I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stelling the underlying PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDIT ON GIVEN IN PART I(e) 19. WAS AUTOPSY CERTIFICATION NO . 1 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) 2Dc. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) White _Not While Hour a.m. al work al work 1961, to Wee 2 1961, that (1) (we) last 19.6 ... and that death occured at A.M. from the causes and on the date stated above. saw the deceased 22b. DATE 22a. SIGNATURI SIGNED PHY5. 22d. ADDRESS 22c. PHYSICIAN'S death. Pa NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a, BUR AL, CREMATION, | 23b. 0 5 8 Broadfordina Cemeteru 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Rest Haven Funeral Chapel 15M 9/60

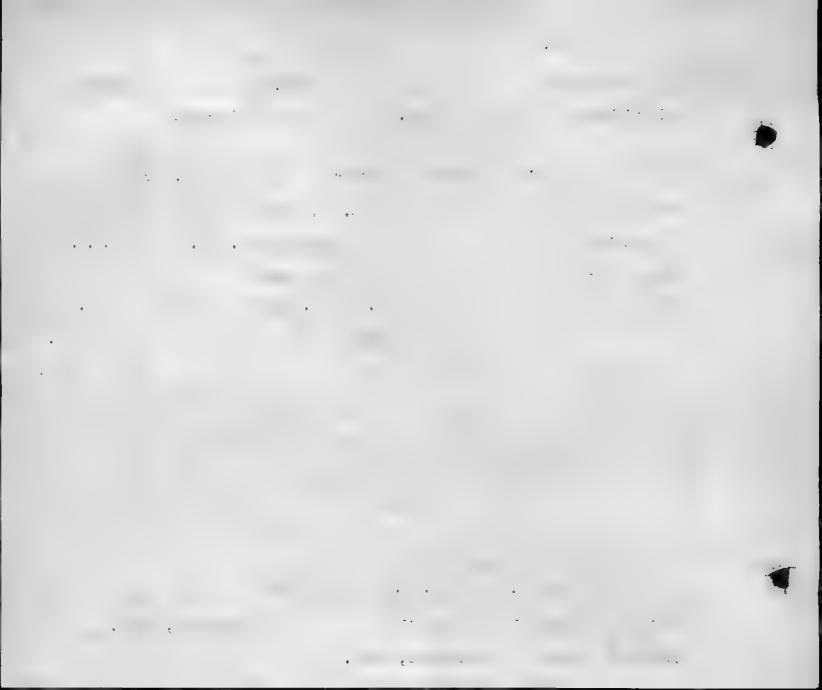


VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14514

1. PLACE OF DEATH a. COUNTY	USUAL RESIDENCE (Whara deceased lived, if Institution; Rasidanca bafora admission) a. STATE b. COUNTY
Washington MARYLAND	Maryland Washington
b. CITY OR TOWN (f outs da corporate .amits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Rural Smithsburg 21 vrs.	Rural Smithsburg
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
	YES T NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
T 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	over DEATH Dec. 14 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS.
50 . 9	pt. 28, 1888 (73 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	11 BRTHPLACE (County & State, or fore gn country) , 12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, aven if retired) Housewife	
	Washington Co., Md. U.S.A.
Camusal Manda	Y B
Samuel Martz 15. WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOC AL SECURITY NO. 17. IN	Mary Bowser
(Yas, no, or unkown) (Ifyasgivawarordatasofsarvice)	Tahu U Uaaran Cuith-ham #0 Md
18. CRUSE OF DEATH [Enter only one causa par line for (a), (b), and (c).]	John H. Hoover Smithsburg #2, Md.
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	
DUE TO	
Conditions, if any, which gave risa to immediate causa	
(a), slating the undarlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
[S]	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 206. ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER!	(Enter nature of injury in Part I or Part I of Nam 18.)
	E OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) y, streat, offica bidg., alc.)
p.m. 19 al work all work	
21. I certify that (I) (this hospital) attended the deceased from.	2-12 1952, to 12ml/m, 1951, that (1) (we) last
saw the deceased alive on	death occured at
220 SIGNATURE	22b. DATE
Charles Sr. 26 M.O.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Oranlos F. Hess, M. D.	Stithsburg, Ecryl ma
230. BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City, town or county) (Stata)
Burial 12/17/61 Burns Hill	Waynesboro, Penna.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Walky 4 Share Waynesboro, Pen	DATE DEC 1 8 161 Ciriling S. Thomas
The state of the s	



VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

14551

14515

	1. PLACE OF DEATH o. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	Washing to a MARYLAND	O. STATE MARYLAND b. COUNTY Washington
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Mayaansuille Life	X Maugausville
	d. NAME OF HOSPIT L (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS / e. IS RESIDENCE
	Mayaansville	ON A FARM? YES NO 🔀
	3 NAME OF First Middle	Aost 4. DATE Month Day Year
	(Type or print)	May of DEATH Death 2 10//
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	Male WILLIAM WIDOWED DIVORCED	Jac. 12 1890 lost birthdoy) Months Doys Hours Min.
	10a. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11 BIRT PLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired) Streng / S Mill Flown &	Washington R Md USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Doniel E Houst	Elizabeth Bourhat
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 AN	IFORMANT Address
	214-09-6379 M	5. Man W. Houst Manguelle Med.
	18. CAUSE OF DEATH [Enter only one cause per tine for (o), (b), and (c).]	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Aural Oster Polonie	CARCINOMA, Erophanes) 14 10 DEATH
	150 V DUE TO	
	Conditions, if any, which) (b)	•
	gove rise to immediate couse (o), stating the under-	
	lying couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	Truld YES NO 12
	20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED 20b. DESCRIBE 20b. DESCRIBE HOW INJURY OCCURRED 20b. DESCRIBE 20b	2 (Enter noture of injury in Port I or Port II of item 18.)
	- t	ACE OF INJURY (Home, Farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
	Hour o.m While Not while p. m. 19 of work of work	
	21 I certify that (I) (this hospital) attended the deceased fram.	2-5- 1960 ta 12-2- 1961, that (1) (we) last
	13 11	leath accurred at 2.5 M, from the causes and an the date stated above
	220 SIGNATURE	ATTENDING MED STAFF 22b, DATE
		M D ATTENDING MED STAFF 12-5-61
	22c PHYS CIAN'S NAME (Type)	22d. ADDRESS
	Dalton III. Welty M.U.	1998 Potomac Ave. Hagerstown, Illd.
	230 BUR A., CREMATION. 236 DATE THEREOF 23c MAME OF CEMETERY O	R CREMATORY 23d LOCATION (City town, or county) (State)
	Burial 12/6/1961 Sales Kidge	Cometery Anthin Typ Franklin G. Tonna
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	Htirolil M. Zhumanan Steencastle	DATE DEC 7 '61 C. I'M & Thomas



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) A. COUNTY a. STATE LOUNTY b. CITY OR TOWN (if outside corporate limits, 12 th MARYLAND C. CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest lown) and write RURAL and give nearest town) SHARPS BURG. | 36 Y FARS
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give pread address) d. STREET ADDRESS a. 15 RESIDENCE ON A FARM? YES NO X 205 completely 3. NAME OF DATE DECEASED (Type or print) DEATH DECEMBE 12. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED lest birthday) and DIVORCED WIDOWED physician 10b. KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work remove 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) KEEDUSUILLE WASH COMD. HODSEKISEPEK please attending | And it 15. WAS DECEASED EVER IN U.S. ARMED FORCEST | 16. SOCIAL SECURITY NO. Then (Yas, no, or unkown) | (Hyesgiva war or dates of service) SHARRSBURL IND. EARL R. HOUSER 18. CAUSE OF DEATH |Enter only one causa par line for (a), (b), end (c) instant PART I. DEATH WAS CAUSED BY-Coronary thrombosis. IMMEDIATE CAUSE (a) **DUE TO** Ateriosclerotic heart disease Conditions, if any, which gava rise to krimediata causa DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED? NO 🗔 CERTIFIC 208 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of stam 18.) OR CONTRIBUTING FT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, 20c TIME OF INJURY Month, Day, Yaar 20d, INJURY OCCURRED I 20f. (City or town) (County) (State) factory, street, office bldg., atc.) Not Whila ef work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from......1958 616. and that death occured A.M. from the causes and on the date stated above. saw the deceased alive on.. SIGNATURE 22b, DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. PHYSICIAN'S 22d, ADDRESS NAME (Type) Sharpsburg. Md. TO PUNE director, be filled 23c. NAME OF CENETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23s. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) VIEW CEMIECISKU SHARPSBURG WASH. CO. MD JORLA ! 25%, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) OONSBORD arthur S. Krass



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (if outside, corporata l.m.ts, CITY OR TOWN (If outs de corporala imits, write RURAL and give nearest town) c. LENGTH OF STAY IN Th write RURAL and give pearest town) IS RESIDENCE ON A FARM? YES NO IX 3. NAME OF M ddle DATE DECEASED OF DEATH (Typa or print) 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. MARRIED NEVER MARRIED last birthday) Months House 12. CITIZEN OF WHAT COUNTRY? done during most of working life, House work 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Addrass [Yes, no, or unkown), (If yas giva war or datas of sarvica) 18. CAUSE OF DEATH [Enter only one cause per ane for (a) (b), and (c) 2 We eks PART I. DEATH WAS CAUSED BY-Whemia IMMEDIATE CAUSE (a) DUE TO Arteriolar nephrosclerosis gava rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BL PERFORMED? ere oro vascular NO apeles acci 20b. DESCRIBE HOW INJURY OCCURED Finter natura of mury in Part I or Part II of 15m 18 208. ACCIDENT WAS UNDERLYING L OR CONTRIBUTING TI CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm. 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., etc.) While Hour a.m. at work at work I mailed) attended the deceased from saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS.

22d. ADDRESS

OCATION (City, toy n or county)

25b. REGISTRAR'S SIGNATURE

HOSPIT 0 VR A15 (4) 15M 9/60

22c PHYSCIANS

23a. BURIAL, CREMATION REMOVAL "ISpecify Decrea

NAME ITYPE



DIVISION OF STATISTICAL RESEARCH AND RECOR RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, if institution, Residence a. COUNTY Georga Washington 12 E MARYLAND b. CITY OR TOWN (f outs da corporate l'mits, & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give neerest town) À wata RURAL and give neerast town) Hagerstown Atlanta _ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, g va straet address d. STREET ADDRESS n. IS RES DENCE ON A FARM? 1311 Hamilton Blvd. 81 Sheridan Drive N YES NO TO 3. NAME OF Middle DECEASED OP ANNA LIPSCOMB JOHNSON (Typa or print) DEATH December 19 61 carbon 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Days and Hours D VORCED November 1,1870 Female WIDOWED 🕎 physician гетоме 10a. USUAL OCCUPATION [Give kind of work 10b. K ND OF BUSINESS OR INDUSTRY BIRTHP, ACE (County & State, or fore on country) | 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) AT BITTY Housewife Gaffney, Cherokee Co.S.C. Own Home USA. attending ph Then please r 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Edward Lipsoomb

15. WAS DECEASED EVER N.U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Melissa Littlejohn Hagerstown . Maryland (Yas, no, or unkown) | (Ifyasgivewarordatasofservice) Mrs. Helen Harris. 1311 Hamilton None Blvd. 18 CAUSE OF DEATH [Enter on y one cause per we for (a), (b), and (c, INTERVAL BETWEEN . IMMEDIATE CAUSE (a) the burial-transit burial, cremation DUE TO Conditions, if any, which certificate has been gava risa to immadiata causa DUF TO (a), stating the underlying causa last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTORSY hospital as o PERFORMED? 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) the After ρ 20d, INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) While Not While Hour am af work at work may be retaine DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from that (1) (we) last ..., and that death occured at 1.1. from the causes and on the date stated above. deceased alive on. 22b. DATE S GNATURE SIGNED AA FD STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S death. Pu NAME (Typa) 1135 POTOMAC AVENUE FIAGEPSTOWN, N.D. Filed 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Siala) REMOVAL (Spacify) 0 # 3 Burial West Springs Cenetery West Springs, Union Co. S.C. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 DATE DEC 2 7 '61 Comes S. France Andrew K. Coffman, Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

Cita institute bear discourse of 18 dec al

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JTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please exe	icate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shaul	forwards the Chief Medical Examiner's Office along with form IM3. Page 5 may be retained for your file?	O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar of
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	Suf	0	=
0	20	-three	0

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	RE, 18
14555MEDICAL EXAMINER'S CERTIFICATE OF DEA	TH R

	T#9994	E EXMINITER S	- CERTIFICA	TE OF BEATH	Reg. Dist. No. 4 500			
1,	PLACE OF DEATH q. COUNTY				tion: Residence before pomission)			
L	Washington	*Faryland Washington						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	Foutside corporate limits, write				
	nagerstown	D. O. A.	.O.A. 3 Hagerstown					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
	Wash County opital)	57 West	Franklin St	YES NEE			
3.	NAME OF First DECEASED	Middle	Losi	4. DATE Month				
	(Type or print) CHARLES		ONES	DEATH DOCUMENTS.	r 22 1961 19			
5.	SEX 6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH	9. AGE (in years lost birthday)	Months Doys Hours Min.			
L	Male White WIDOWE		الناحية في الكناء الكائلة	47 yn.	Months Days Hours Min.			
10	o. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDUSTI	Quincy	or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
/ _	Laborer Hagerst	own Street I	ep t	Penna	USA			
13	. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME				
	Hunter Jones			Coffee				
	m, no, or unknown) (If yes, give war or dates of service)		FORMANT	Address				
_	Yes W.W.# 2 2	15-18-1975 He	len L. Jo	nes 57 W. Fra	anklin St			
	18. CAUSE OF DEATH (Enter only one cause per line	for (o), (b), and (c).]	Hage:	rstown Ld.	INTERVAL BETWEEN ONSET AND DEATH			
Н	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	spriationic	of Come	Yus	Tunel			
	32212 DUE TO		0,					
	Conditions, if ony, which gove rise to immediate cause	culinte I	1 toxicute	: Oun	3-4hr.			
	(o), stoling the underlying DUE TO							
1_	couse lost. (c)							
é	PART II. OTHER SIGNIFICANT CONDITIONS CO	1 : 2//						
, S	Hemanage into Ste			Ato Stewocherite	STATES OF NO [
CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY To r CONTRIBUTING TO CAUSE OF DEATH.	HOW INJURY OCCURRED. (Er	ler nature of injury ity Par	t I or Port II of item 18.)				
MEDICAL			E OF INJURY (Home, fam	n, 20f. (City or town)	(County) (Stote)			
MED	Hour o, m, p, m. 19 White at wo	Not while □ Inco	ry, street, office bldg., etc	1				
1	21. I certify that I took charge of the r	emains described abov	e, held on Autops	y Inspection	Inquiry (4- and find that			
	death resulted from: Natural causes							
		3/			_			
	SIGNATURE COOL	1100-14	M.D. CHIEF MEDICAL EX	KAMINER 📋	DATE SIGNED			
		37 14 5	ASSISTANT MEDIC	AL EXAMINER	12/26/61			
L	EXAMINER'S Edward W. Ditto I	.ш., м. р.	HE DEPUTY MEDICAL	EXAMINER [3]				
22	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	REMATORY	22d. LOCATION (City, town, o	r county) (Stote)			
	Burial 12/26/61	Rest Haven C		Hagerstown "	Tesh Co Md			
- 1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE							
A	Andrew K. Coffman Hagerstown Md. DATEDEC 27'61 Com S. Kinns							

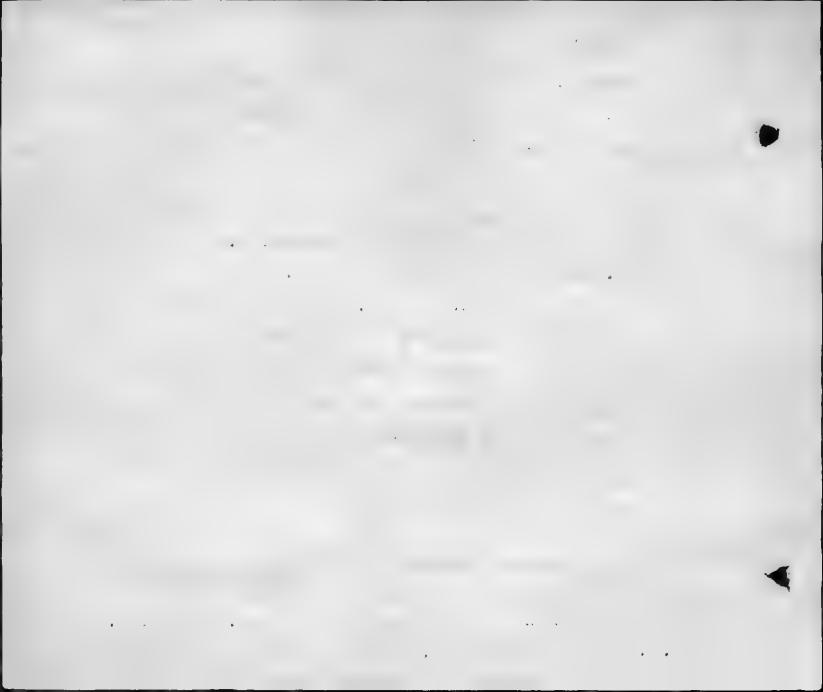


in by the funeral rs. 1 and 2 should hours after death. TO HOSPING. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the death. Page may be retained by the hospital or attending physician. > TO HOSPING may be retained by the hospital or attending physician. > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14556 CERTIFICATE OF DEATH

\mathbb{Z}	PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where daceased lived, if institution: Rasidence before admission)
	Washington MARYLAND	• STATE Maryland b. COUNTY Frederick
	b. CITY OR TOWN (if outside corporate I m.is, c. LENGTH OF STAY N 1b -write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate fimits, write RURAL and give neerest town)
,	Hagerstown 3 Weeks	Frederick
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
	Western Maryland State Hospital	106 East Fourth Street
	3. NAME OF First Middle	Lesi 4. DATE Month Dey Yeer OF 10
)	(Typa or print) [[Upert Leon	JONES DEATH 12 10 1961
	1. WOULD THE WALLES	DATE OF BIRTH 9 AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	9 Jan 1919 42 yrs.
	1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Laborer County Roads	Hagerstown, Md. USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Joseph A. Jones	Anna S. Beyer
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, ng_or unkown) (Ifyasgivewerordelesofservice)	NFORMANT Address
	NI Unk Mrs	• Annabelle Jones (Same as item #2)
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: LOBULAR P.	NEUMONIA Iday
	5-21.0 DUE TO	
	Conditions, if any, which \ (b) HEPATIC CON	na 2 days
	gave rise to immediate ceuse (
	(e), stating the underlying DUE TO CIRPhosis of	liver 7 months
)	a Pancecatitis a Max vocas	
inger.	PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUTTNO OF PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUTTNO OF CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO DEATH OF CONTRIB	. (Enter neture of injury in Part I or Pert II of item 18.)
,	60 01	CE OF INJURY (Home, ferm, 201. (City or town) (County) (State)
	Hour a.m. While Not While tack	ory, steel, office brogs, etc.)
	21. I certify that (I) (this hospital) attended the deceased from	NOV. 21 ., 1961. 10. Dec., 10, 19.61, that (1) (wa) last
		death occured at
	22a, SIGNATURE	22b DATE
	Victier L. Pamas, "	
r	22e. PHYS CIAN'S	22d. ADDRESS Western mai State Hospital
	NAME (Type) VICTOR L. Ramos, M.D.	I Hagershun, mary land
	236 BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY	
	Burial (Specify) 12-14-61 Rocky Springs	Cemetery Nr. Frederick, Md.
	24 FUNERAL DIRECTOR'S SIGNATURE SAME ME STATE OF THE STAT	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
t	M. R. Etchison & Son, Frederick, Maryla	nd DATE DEC 1 3 '61 Cuthur S. Kraus



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 14557 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) y is necessary, I direntor. Page or your files. e. COUNTY **b.** COUNTY e. STATE Washington Marvland MERVI.END Washington b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RJRAL end give neerest lown) write RURAL and give nearest lawn) 24 hours Hagerstown Hagerstown d NAME OF HOSPITAL OR INSTITUTION (if not in hosp to a give street eddress) d. STREET ADDRESS m. IS RESIDENCE ON A FARM? Street refair. Washington County Hospital Summer YES NO. 3. NAME OF Middle 4. DATE Dav ve Pages 1, 2, and 3 to the PM3. Page 5 may be retail pages 1, and 2 with the Sit within 74 hours after deal Month Year DECEASED OF William Cleveland Kees (Type or print) DEATH Dec. 1.8 19 6]. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX B DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) | Months Male White WIDOWED TX April DIVORCED [10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Near Martinsburk W. Va U.SA Pa. R. R. Conductor P.M.3. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James Hentzel Kees pencil in Item 18. Give Sarah Ann Kendrick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 330 Liberty Street (Yes, no. or unkawn) : (If yes give we rordetes of service) Mr. Allen Kees Hagerstown Md. along with 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c)] INTERVAL BETWEEN ONSET AND DEATH zotemia and Acute pericarditis due PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (+) Office 1 week ch pyelonephortis burial Canditions, if any, which geve rise to immediate ceuse "pending" in a DUE TO (e), stating the underlying the word "pending Medicel Examiner" 98 cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.81. 19. WAS AUTOPSY CERTIFICATION PERFORMED? Pe Medicel YES NO should 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury 'n Part I or Part II of Item 1B.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH Chief 2Dd, INJURY OCCURRED, 2De, PLACE OF INJURY (Home, farm, 1 (County) 20c. TIME OF INJURY Month, Day, Year 2Df. (City or town) (Stele) fectory, street, office bldg., etc.) Not While Hour a.m. While forwarded to the L DIRECTOR: P. et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from. Natural causes Accident . Suicide . Homicide . Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 SIGNATURE Act. DEPUTY MEDICAL EXAMINER Y Edward W. Ditto Ill, M. D. NAME (Type) should Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) 22a, BURIAL, CREMATION, 22b DATE THEREOF Burial (Specify) 22-61 St. Fauls Cemetery Near Clearspring Md. Q40 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME Circles L. Marie

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE I. MARYLAND CERTIFICATE OF DEATH 14558 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacensed leved, if institution, Residence before admission) 10 **II. COUNTY** a. STATE b. COUNTY by the and 2 death. b. CITY OR TOWN (if outside corporate limits, CO MARYLAND c. CITY OR TOWN [Industrice corporate limits, write RURAL and give negrest town] C LENGTH OF STAY IN 16 write RURAL and give nearest town) DC. 늉 d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street eddress) 72 hours HZ GINIA completely J. NAME OF papers. DECEASED OP (Type or print) DEATH ECEMBIER. carbon COLOR OR RACE 7, MARRIED NEVER MARRIED AGE (IN YEAR IF UNDER 1 YEAR last birthday] Months WIDOWED X DIVORCED TEMALE YES. physician Ida. USUAL OCCUPATION IG ve kind of work evel remove dona during most of working life, avan if retired 13. FATHER'S NAME HEME MIDDLE TOWN CO. M.D. 4 SiA. TREP attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO. VIRGINIA AVE (Yes, no, or unkown) | [[fyes give war or dates of service CAUSE OF DEATH Hinter only one cause per line for (a), (b), and (c). MISSTANNIE SHADRACH HACERSTOWN MD by PART I. DEATH WAS CAUSED BY: Myocardial Infarction. has been signed IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic Heart Diasese. Conditions, if eny, which gave rise lo immedieta cause DUE TO (a), slating the underlying cause last. use as the 11 After this certificate PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY None. 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm, 20f. [City or town) 20c. TIME OF INJURY Month, Day, Year (County) fectory, streat, office bldg., etc.) While Not While Hour a.m. DIRECTOR: at work et work p.m 21. I certify that (I) (this hospital) attended the deceased from Dec. 4. 1961 to Dec 15. 1961 that (I) (we) last saw the deceased alive on Dec and that death occurred atP.M. from the causes and on the date stated above. 22e S GNATURE ATTENDING DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Bel .Potomac St. Hagerstown, 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0.5.8 MEMOVAL (Specify) NIIDPLETOWN TREP, CO.MD. DTHERAN 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERALYDIRECTOR'S SIGNATURE

OONSBORD

e. IS RESIDENCE

YES NO THE

196

Year

ONSET AND DEATH

PERFORMED? NO K

(Slate)

22b. DATE

(State)

arthur & Thousa

11 days

Years.

15.

ON A FARM?

YR A1S (4)

attending



death as the strain of ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death as be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be disease the prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) s. STATE b. COUNTY			
MARYLAND WASHINGTON			
c. CITY OR FOWN (If outside corporate limits, write RURAL and give neerest town)			
HAGERSTOWN ()			
d. STREET ADDRESS o. 15 RESIDENCE ON A FARM?			
326 S. POTOMAC STREET YES □ NO 📆			
Lasi 4, DATE Month Day Year OF			
LARGENT DEC 8 1961			
B. DATE OF BIRTH 9. AGE (In yaers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.			
NOVEMBER 7 1898 63 m.			
RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
WASHINGTON MD. U.S.A.			
14. MOTHER'S MAIDEN NAME			
MARY ANNETTE KIRACOFE			
INFORMANT Address			
RS. EDITH LARGENT HAGERSTOWN MARYLAND			
ONSET AND DEATH ,			
Hemorrhage 1 minute			
e of stomach 4 mo +			
e of stomach 4 mot			
OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY			
PERFORMED?			
D. (Enter neture of injury in Pert I or Pert II of Ilem 18)			
,			
ACE OF INJURY (Home, farm, 2Df. (Cily or town) (County) (State)			
ctory, street, office bldg., etc.)			
0. Ct. 3.0, 19.6./ to. DOC . F, 196/, that (I) (we) last			
it death occured at			
22b. DATE			
ATTENDING MED. STAFF PHYS. A DIRECTOR PHYS. 12-9-6			
22d ADDRESS			
12/4 N. Polomoc st. md			
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta)			
TETERY HAGERSTOWN MARYLAND			
258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE			
MD DATE DEC 1 3 '61 Citing 8. Kinns			

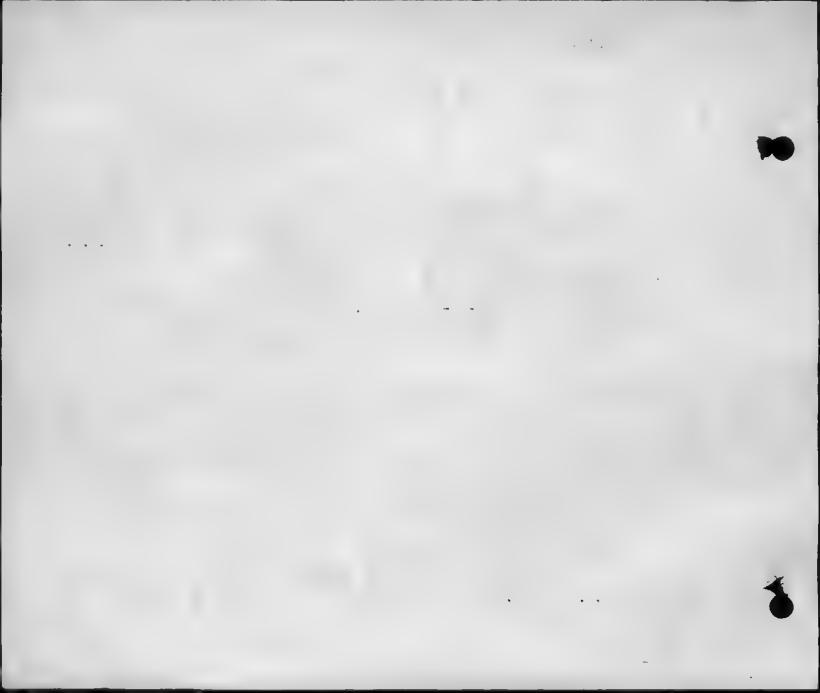


DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution, Residence before edge ssion) 1. PLACE OF DEATH e. COUNTY b. COUNTY ranklin Washington MARYLAND b. CITY OR TOWN (if outside corporete lim ts. LENGTH OF STAY IN IL write RURAL and give neerest town). Hagerstown Greencastle d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give straat address d STREET ADDRESS a. IS RESIDENCE ON A FARM? Western Md. State Hospital Mason- Dixon YES NO 3. NAME OF DECEASED (Type or print) DEATH 9. AGE (In yours | IF UNDER I YEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED lest birthday) Fenale WIDOWED DIVORCED March 1885 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) IDa. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) physicia Housewife Own Home Mason-Dixon Franklin USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Harry P. McLaughlin Anna Zeller 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) | (Hyesgivewerordatesofservice) Chas V. Larrick Jr. None Greencastle Pa 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] MAS CAUSED BY: IN FARCTION OF THE SIMPLE DUE TO (b) INCARCERATED INTERNAL HEANIA (a), stelling the underlying POST OPERATIVE PERITONEAL ADHESIONS UNKNOWN PART I. OTHER S GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS A JTOPSY PULMONARY CONGESTION & EDEMA200. ACCIDENT WAS UNDERLYING [] 201 DESCRIBE HOW INJURY OCCURED. [Enter natura of nile
(IF EITHER, NOTIFY MEDICAL EXAMINER) NO F 2Db DESCRIBE HOW INJURY OCCURED, [Enter natura of injury in Port I or Port II of Item 18] 20c. TIME OF INJURY Month, Day, Yaor 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slete) fectory, street, office bldg., etc.) While Not While et work at work 21. I certify that (I) (this becoite) attended the deceased from 12-1-61, 19 22b DATE 22a SIGNATURE ATTEND NG S GNED DIRECTOR PHYS. PHYS 22c. PHYSICIAN'S 22d. ADDRESS FUNERA NIO W. PALLAGROSI 1500 PENNA AVE ector, . 23c NAME OF CEMETERY OR CREMATORY 1 23d, LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) P P P Buria] Salem Ref. Cemetery near Cearfoss Wash 250 REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE YR A15 (4) 1SM 9/6D Andrew K. Coffman Hagerstown Md.



of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND Division MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COHNTY Page LOUNTY director. Page or your files. WASHINGTON MARYLAND b. CITY OR TOWN (if outs de corporate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give neerest town) 40 HAGERSTOWN HACERSTOWN TO. d NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? COUNTY HOSPITAL 316 LUNGANORE AVENUE ale YES NO IX WASHINGTON NAME OF First M ddle DATE Month So DECEASED OF 計 (Type or print) LESHER DEATH DEC 1967 JESSE NORMAN ¥ith 6 COLOR OR RACE 5. SEX 8. DATE OF BIRTH AGE (In yeers LIF UNDER 1 YEAR) IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED may 2 with 52 yrs 1, 2, and 3 ge 5 may and 2 wi 72 hours Months Deys Hours WIDOWED [DIVORCED MALE IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B.RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. in pency in from 18, Give Pages Office along with form PM3, Pagent MOOSE LODGE PENNSYLVANTA BARTENDER pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EDITH MILLER JAMES NORMAN LESHER event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unkown) | (Ifyesgive were rdeles of service) HAGERSTOWN MARYLAND 214-09-5695 MRS. JESSE N LESHER 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), i Office along v INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (6) ncute subdural Hematoma with DUE TO brain stem injurv days Conditions, if eny, which Examiner's ("pending" gave rise to immediate couse DUE TO (e), stating the underlying 6 cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.6): 19, WAS AUTOPSY CERTIFICATION PERFORMAD? cremati 8 Acute myocardial infarction -- 2 - 4 days old NO Med.caf O 20% EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of stem 18.) PRIMARY | or CONTRIBUTING | Knocked to sidewalk during fight on street head CAUSE OF DEATH. sidewalk 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Year 20f. (City or lown) (County) (State) fectory, street, office bldg., etc.) While Not While el work el work Mđ. 16961 Sidewalk Hagerstown wish. prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion DIRECT Homicide X death resulted from: Natural causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for PUNERAL SIGNATURE TESTEPUTY MEDICAL EXAMINER EXAMINER'S 220. BURIAL, CREMATION, 22b. DATE THEREOF 1 226. NAME OF CEMETERY OR CREMATORY Address (Street, city, town, or county) 7 22d. LOCATION (City, town, or country) REMOVAL (Specify) ò ā 0 BURTAL 23. FUNERAL DIRECTOR HAVEN HACERSTOWN ADDRESS 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME DAT DEC 2 7 '61 Chiller S. Trans 5M 7/59 SITER-ROUZER FUNERAL HOME HAGERSTOWN MARYLAND

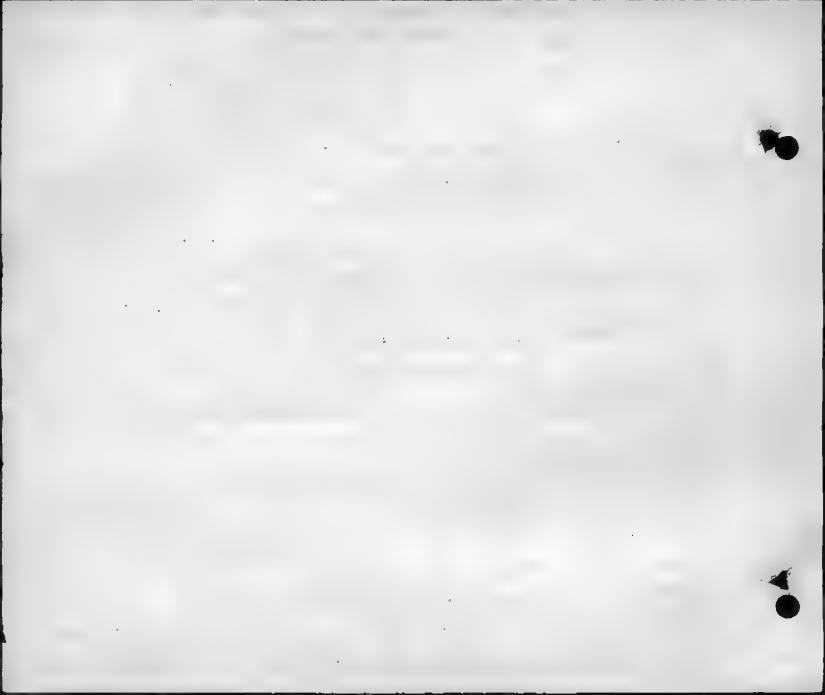
Film 305 MARYLAND STATE DEPARTMENT OF HEALTH



VS A15 (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		14562		CERTI	FICA	TE OF D	EATH			Reg. D	ist. No	1.1	528
	COUNTY Was	nington		MARY	LAND	o. STATE	-		lived If institute b. COUNTY ਪਿੱਤਵੀ	on: Reside		re admisi	ion)
t	o. CITY OR TOWN (IF RURAL ond give neg Funksto	rest town)	ls, write	c. LENGTH OF STAY	IN 1b	c CITY OR 1	rylan own (if o kstow	utside corpore	ite limits, write R			arest town	n)
	OR INSTITUTION	Cemeter		oddress)		d. STREET A	DDRESS	tary_S					FARM?
1	NAME OF DECEASED Type or print)		son	Middle Claud	i =	tos Lo		4. DATE OF DEATH	Mor	ith lec	Do	,	Yeor 181
5. \$	male	white	WIDOWE		P 🗆	Jan 16	. 193		AGE (In years lost birthday) 28 yrs		R 1 YEAR		ER 24 HRS Min
L	during most of working Presser	i (Give kind of work in ig life, even if relired	done 10b. Gro	kind of Business of Will	OR INDUS	Was	shing	ton,		l2 CI	TIZEN C	F WHAT	COUNTRY
		on Long						AME Malon	ie				
1S. Yes	WAS DECEASED EVER	IN U. S. ARMED FOR yes, give wer or dotes of s	CES? 16 ervice)	SOCIAL SECURITY NO		FORMANT y Flet	cher	Funk	stown,	ress Md			
	PART I. DEATI Conditions, if only gove rise to im cotse (o), stoling th	H WAS CAUSED BY MMEDIATE CAUSE (o DUE TO	Acut	e for (a), (b), and (c). respirate hypopituit	r y i		7				ONS	rears	DEATH
CERTIFICATION				ONTRIBUTING TO DE						EN IN PAI	RT 1(o) 1	PERFC	AUTOPSY PRMED?
1-1	20a ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY W 20c. TIME OF INJURY Hour o, m. p. m.		ar 20d. It While	AJURY OCCURRED Not while	20e. PLA	CE OF INJURY () lory, street, office	Home, form,	20f. (City o		- ((County)		(Stote)
	21. I certify that alive an NOV. ACTUAL SIGNATURE	t I attended the 24	/	ed fram Jul		accurred at	5	≟M, fram NDDRESS (Sire	the causes of the cause of	ind on I		te state	
220	BURIAL, CREMATION REMOVAL (Specify) BUTIA1			M.D. 20c. NAME OF CEM Mt. Ho		CREMATORY			yland ON (Cily, lown, o		/a .	(Stot	(*)
	FUNERAL DIRECTOR'S	SIGNATURE	& So	ADDRESS				BY REGISTRA	AR 24b. REGI		GNATU		



TO WESPITER OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Cartificate be retained by the hospital or attending physician. TO LAIBHAL DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. These 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14563 CERTIFICATE OF DEATH

14530

1. PLACE OF DEATH	2. USUAY RESIDENCE (Where deceased lived, If Institutions Residence before admission)
a. COUNTY	a. STATE b. COUNTY
WASHINGTON MARYLAND	MARYLAND WAS HIN GEON
b. CITY OR TOWN (I outs'de corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	*
HAGERSTOWN 19 DAYS	HAGERSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
WASHINGTON COUNTY HOSPITAL	63 BROADWAY
3. NAME OF First Middle	Last , 4. DATE Month Day Year
(Type or print) TAINI AMDIDACTE	MADULTH DEATH A 22 10 6
JUHN APIBRUSE	MARTIN 1
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Alin
MALE WHITE WIDOWED TO D VORCED	FEB. 17 1876 85 yrs Months Days Hours Min.
10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTR	11 BURTHE ACE (Caupty & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	FREDERICK
SALESMAN WHOLESALE HOWRE	MAXHXHETEN MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN DAVID MARTIN	MARY H HANN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	
(Yas, no. or unkown) (Ifyesgivewarordatesofservica)	
NO	S. C.W. SLEASMAN HAGERSTOWN MARYLAND
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVA, BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Chronic Cyn	uphatic trukerusa 6 mo 1?1
	9 110 11
204,0 DUE TO	
Conditions, if any, which (b)	
gave rise to Immediate cause [a] station the control of DUE TO	
folly standing the finderlying	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
IV.	YES NO L
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2Da ACCIDENT WAS UNDERLY NG 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
	CE OF INJURY (Home, farm. 2Df. (City or town) [County] (State)
	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) bry, street, office bldg., atc.)
S. D.m. 19 al work at work	
21 I confide that (1) (this hospital) attended the deseased from	4->5, 1949 to 12-22-1961, that (1) (we) last
	death occured at A.R.M., from the causes and on the date stated above.
22a, SIGNATURE	ATTENDING MED STAFF 22b. DATE S,GNED
John JT Hom Gaket M	The state of the s
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) JOHN H HORNBAKER M D	15 W WASHINGTON ST. HAGERSTOWN MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, fown or county) (State)
BURTAL 12/26/61 ROSE HILL CE	METERY HAGERSTOWN MARYLAND
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
CIEDID DOMESTIC TANDER TO A TOTAL TOTAL TO A TOTAL TOTAL TO A TOTAL TO	DATE DEC 2 7 '61 Cariling S. Hinna
SUTER - ROUZER FUNERAL HOME HAGERSTOWN 1	VD. DATE DEC 27'61 Chilun & Hans



funeral PLACE OF DEATH aL COUNTY by the and 2 death. ۾ WASHIN DECEASED (Type or print carban 5. SEX and physician remove 13. FATHER'S NAME please attending hospital or attending physic certificate has been signed the After this defached MEDICAL 20c. TIME OF INJURY Hour e.m. DIRECTOR: 3 should be det D.m. State SIGNATURE PHYSICIAN'S NAME (Type)

DIVISION OF STATISTICAL RESEARCH AND RECORDS. STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14564 USUAL RESIDENCE (Where deceased lived, if institution, Residence before edm ssion) b. COUNTWASHINGTON WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN iff outside corporate limits, write RURAL and give nearest town! write RURAL and give nearest town) HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Middle DATE Month Yeer OF DEATH DEC 10 1961 COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years . IF UNDER 1 YEAR last birthday] Months Hours Days WIDOWED IT DIVORCED FEMALE WHITE 10a. USUAL OCCUPATION (Give kind of world 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) HOUSE WORK WASHINGTON U.S.A. ANNE WILLIAM E HART 15. WAS DECEASED EVER IN U.S. ARMED FORCES? FRENCH 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or deles of service) BIG POOL. 18. CRUSE OF DEATH [Inter only one cause per line for (a), (b), and (c). INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH THE TERMINAL DISEASE CONDITION GIVEN IN PART 10: 119. WAS AUTOPSY PERFORMED? NO X 20m. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW/INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Not While factory, street, office bldg., etc. While et work at work 21. I certify that (I) (this haspitel) attended the deceased from A .19. G. I., and that death occured at D. J.M., from the causes and on the date stated above. sew the deceased alive 22b. DATE ATTENDING MED /S GNED PHYS. DIRECTOR PHYS. M.D. 22d ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, | 23b. ADDRESS 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE MD J DATE DEC 1 5 '61



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		T8909	CERTIFICA	IE OF DEATH		1400%
	0. (CE OF DEATH COUNTY Washington	MARYLAND	2 USUAL RESIDENCE (Whe	ere deceased lived. If institution Reb. COUNTY J	efferson
	Ь (CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Hagerstewn	c. LENGTH OF STAY IN 16		itside corporete limits, write RURAL town RFD.W.Va	
	ď. j	NAME OF HOSPITAL (If not in hospital, give str Se ASTITUTION County Washington County	eet oddress) Hospital	d. STREET ADDRESS		e, IS RESIDENCE ON A FARM? YES X NO
		ME OF First Page 10 First Page	Bethel	Mason	4. DATE Month Dec.1	2 Day Yeor 19 61
	5. SEX	TO TAT	ARRIED TO NEVER MARRIED DIVORCED DIVORCED	8. date of Birth March 5,189		NDER I YEAR IF UNDER 24 HR. nihs Days Hours Min.
	10a. U di	SUAL OCCUPATION (Give kind of work done luring most of working life, even if retired) Housewife	Db. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote of Luray, Va		2. CITIZEN OF WHAT COUNTRY
)		Geerge F.Clem	-	14. MOTHER'S MAIDEN N. Flerence	May Bowers	
		AS DECEASED EVER IN U. S. ARMED FORCES? , or unknown) (If yes, give war or dates of service)		niel G.Mase	n Shepherds	tewm RFD,W V
	18	CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Glomerular n	ephritis, a	cute	interval between onset and death 5 days
		Conditions, if any, which (b)	Influenza			17 days
	15	ouse (a), stoting the under.				2 years
	CERTIFICATION	Osteo-arthriti		NOT RELATED TO THE TERMIN	JAL DISEASE CONDITION GIVEN II	N PART 1(0) 19. WAS ALTOPS' PERFORMED? YES NO
		O ACCIDENT WAS UNDERLYING (CONTRIBUTING (CONTRIBUTING (CONTRIBUTING (CONTRIBUTION)) EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
	MEDICAL	Hour o.m. Wi		ACE OF INJURY (Home, farm, ctory, street, office bldg , etc.)		(County) (Stol
		. I certify that (I) (this hospital) attack the deceased alive on	ended the deceosed from. C. 116 614 and that a	Dec. 2 196	Dec. 12	19.61, that (I) (we) lo
		Wally 14.	The also	M.D PHYS DE DIE		12/18/6T.
		NAME (Type) Walter H.			sburg, Md.	
i	23o. BI Ri	LR AL, CREMATION, 23b. DATE THEREOF DEC. 14,19	23c. NAME OF CEMETERY OF Edge Hill	Ceme tery	Charles Town,	
(24. FU	NEAL DIRECTOR'S SIGNATURE	ADDRESS Harpers Ferr		BY REGISTRAR 256 REGISTRAL	R'S SIGNATURE

O HIT ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h may be by the hospital or attending physician.

O Full WRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for up the burnal transit permit. Then please remove carban papers. Pages I an the literal Brand of Heall priar to burial, cremation, or remayal, and in any event withmac pours after death. TO FL

er death. Page 4

funeral director, yuld be filed with

VR A15 (4) 15M 9/59



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MARYLAND	STATE	DEPARTMEN'	T OF HEALTH
AL ME STATISTICAL	DECEADOR	AND DECORDS	BALTIMADE A MAN

6 CERTIFICATE OF DEATH

	14566 CE	RTIFICATE		OKE 1, MAKIES	14.	533	
	1. PLACE OF DEATH	2. U	SUAL RESIDENCE (When	re deceased lived.	Finstitution: Residence	before admission)	
	o. COUNTY Washington	MARYLAND a.	. STATE Marvle	b.	COUNTY	nington	
1	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	OF STAY IN 16 c.	. CITY OR TOWN (If our	tside corporate limit			
	Rural Big Pool Md. Lif		Rural B	g Pool	Marvland		
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	1 2	. STREET ADDRESS		-	e. IS RESIDEN	ICE
	Home		Rural F	Big Pool	Marylan	THE SAME A PERSON NAMED IN	
	3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Year	
	(Type or print) Russell		Mills	DEATH	12.	17 19 1	61
	S. SEX 6. COLOR OR RACE 7. MARRIED A NEVE	MARRIED B DAT	TE OF BIRTH	9 AGE		YEAR IF UNDER 24	
	Mole White WIDOWED	OIVORCED Feb	6.1888	73	yrs Manths C	Days Hours A	vlin
	10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUS during most of working life, even if retired)	INESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZI	EN OF WHATCOUN	NTRY?
	Farming Farming	lg	Washingto	on Count	y Md. U	S.A.	
1	13. FATHER'S NAME	14.	MOTHER'S MAIDEN NA	ME			
1	Daniel A Mills		Amelia	Weller			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU (Yes, no, or unknown) [(if yes, give war or dates of service]	RITY NO. 17, INFORM	VANT		Address		
	No	Mrs	Amelia Mi	ills Big	Pool Mar	ryland	
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b).	and (c)]	1/0	0		INTERVAL BETWE	
	PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)	evial	Jun	onho	re_	Bola	42
	C X DUE TO				}		/
	Conditions, if any, which) (b) (b)						
	cause (a), stating the <u>under-</u> DUE TO						
	lying cause tast.) (c)	T TO DEATH SHELLOW	NE) 17-0 VIII-				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEATH OF LIFTHER, NOTIFY MEDICAL EXAMINER)	3 TO DEATH BUT NOT R	KELATED TO THE TERMIN	AL DISEASE CONDI	FION GIVEN IN PART	PERFORME YES NO	D?
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRED. (Ente	er nature af injury in Pa	ert I or Part II af ite	m 18.)		
		RED 20e. PLACE Of	F INJURY (Home, form,	20f. (City or town)	(Ca	unty) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUI Haur a. m. While Nat whi p. m. 19 of work at work	le factory, s	street, affice bldg., etc.)		,,,,		,
			0 15 001	270	C. 17.10/	1	
	21 I certify that (I) (this hospital) ottended the decision the deceased alive on 1960, 1629		occurred of PA	1, 10 100		that (I) (we)	
	22a SIGNATURE	and that death	occurred o() 1 th	A, from the ca	uses and on the	date stated ob	
	havid Porewe	And the second s		STAFF		12/19/6	SNED
	PHYSICIAN'S DAVID R. Bre	wer	Clean	Sp	zing /	nd.	
	REMOVAL (Specify)	OF CEMETERY OR CREM	MATORY 2	3d LOCATION (Cit	y, tawn, or county)	(State)	
	Burial 12.20.61 Stone			ural Ha	ncock Wa	hingtor	a-Md
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRES	5	DAT DEC	BY REGISTRAR 2	Sb. REGISTRAR'S S GN	NATURE	
	Howard of George Ha	reparts h	DATE	= 4 01	Catalana Ti		



15M 9/60

	14567 CERTIFICATE OF DEATH 14534
	1. PLACE OF DEATH COUNTY 1. PLACE OF DEATH COUNTY COUNTY COUNTY COUNTY COUNTY
4	Washington Maryland Washington
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town)
	Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM
	Washington County Hospital Name of Deceased (Type or print) New Year Operate (Type or print) Norrison Sex 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH 722 Virginia Ave. Death Month Decy Month Decy Year Operate December 12 19 61 9. AGE (In years IF JNDER 1 YEAR F UNDER 24 diss.)
	Male Widowed Divorced March 11, 1880 81 yrs. 10a. USUA. OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BI-TI-PLACE County & Stete or fore green country) 12. CTIZEN OF WHAT COUNTRY
	Conductor Railroad Shepherdstown. W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Alexander Morrison Rhuanna Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (Ifysesgivewarordelessofservice)
	Miss Virginia Morrison Hag. Md. 18. CAUSE OF DEATH [Enter on y one cause per time for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Miss Virginia Morrison Hag. Md. INTERVAL BETWEEN ONSEI AND DEATH ONSEI AND DEATH
	Conditions, if any, which and the state of t
	couse lest. [c] & but the highline
	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? VES 100. ACCIDENT WAS UNDERLYING 100. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I) or Part II of Iem 18.) OR CONTRIBUTING 100. CAUSE OF DEATH (If ETHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Hour e m. While Not While fectory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from 19.1, to 10.1, to 10.1, that (I) (we) la saw the deceased alive of 10.1, and that death occured at 20.1, from the causes and on the date stated above 22e. STAFF DIRECTOR PHYS. 12.1, STAFF DIRECTOR PHYS. 13.1, STAFF DIRECTOR P
	22c. PHYSICIAN'S / Philip J. Hirshman, M.D. 22d. ADDRESS 159 W. Washington St.
	Hagerstown, Maryland 23a. NAME OF CEMETERY OR CREMITORY REMOVAL, (Spacify) Burial 12-16-61 Rose Hill Cemetery Hagerstown, Maryland (State) Hagerstown, Maryland (State)
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Scott F. Minnich & Son Hagerstown, Md. DATDEC 18'61 ather S. Known

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL DESCAPOR AND DECORDS 201 W DEESTON STREET PALTIMORE 1 MARYLAND



CERTIFICATE OF DEATH funeral 1. PLACE OF DER USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmission) e. COHNTY a. STATE b. COUNTY by the and 2 death. £ WASHINGTON MARYLAND c. CITY OR TOWN (It outside corporate himits, write RURAL and give neeres! town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) d STREET ADDRESS DOINSBORD 2 MENTHS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE papers. in 72 hours ON A FARM? LERDE 12 NORSING HOME SOUTH YES NO 3. NAME OF d Middle DATE Yeer DECEASED OF (Type or print) DEATH 19 61 MARU ECEMBER 5 SEX 6. COLOR OR RACE T MARRIED T NEVER MARRIED AGE (In years IF UNDER I YEAR physician and last birthday) Months TEMALE WHITE WIDOWED IV DIVORCED 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSE KEEPER KADDOLK TRED. CO.MD. please attending OHN 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detectof service) BOOKS BOLD MD. MAE SHOEMAKEK 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the burial-transit burial, cremation DUE TO attending 2 Wans gave rise to Immediate cause DUE TO (e), sleting the underlying cause lest. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO [200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury | Pert I or Part II of item 18. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, : 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Not While While et work at work 15 , 196 5, that (I) (we) last saw the deceased alive on. 12 1964, and that death occured at 7.74M, from the causes and on the date stated above, 220 SIGNATURE 22b. DATE ATTENDING SIGNED! DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS SECONDARI director, I 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION | 23b REMOVAL (Specify) CEMETERY OONSBORG 24 FUNERAL DIRECTOR'S, SIGNATURE ADDRESS 258, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE VR A15 (4) arthur & trus OONSBORD



MARYLAND STATE DEPARTMENT OF HEALTH



FORST	TATE	1	tems 18821 - MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14570 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. 1941 No. 272
HEALTH	DEPT.		
60 60 9			LACE OF DEATH COUNTY WASHINGTON MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) o. STATE MARYLAND b. COUNTY WASHINGTON
Page files. Health	$\nabla \nabla$	Ŀ	CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I mils, write RURAL and give neorest town)
7 2 2 2	~		one give macrest fown)
d of d			
9.0	Y	1	ON A FARM?
Q E			2306 WOODLAND DRIVE YES NO D
0 0 8		Э.	NAME OF First Middle Lost 4. DATE Month Doy Year
de ce de			Type of print) JOHN GUY O'LEARY DEATH DEC 18 1961
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3 To Marie			lost brithday) Months Days Hours Mo
45256		100	TRUE WILLIE CONTROL OF THE PROPERTY OF THE PRO
25. oge 3.	.)		USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTR 12. CITIZEN OF WHAT COUNTR
5-4-1			LES REPRESENTATIVE ROOFING INDUSTRY BALTIMORE MARYLAND U.S.A.
2 5 5 8 3		13.	FATHER'S NAME
Pod par			ERNEST JOSEPH O'LEARY MARY E REILLY
ove ile			WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT
400 m	•	[[[YES 1951-1958 465-48-1501 ERNEST JOLEARY GREENWICH CONN.
是 · 下 是 · E			18. CAUSE OF DEATH [Enter only one cause per time for (a) (b), and (c)]
T E Gar			PART I. DEATH WAS CAUSED BY:
44 4 4 4 5			IMMEDIATE CAUSE (0) 17/0/1/ Asphyxiation - due to
8 5 5 5 P			DUE TO
\$ 50 E			Conditions, if any, which (b) Carbon Monoxide 36 min
B 8. 1 E 5			(arrox)
or in a contract of the contra			couse last.
The shall be		2	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLS, WAS AUTOPSY
nding 1 End	Ţ	Ě	PERFORMED? YES THE NO THE
F 9 0 2 5	ar.	Fi	
o by de		CERT	200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.
his wo	1.11		
The Part of the Pa	-VV	WEDICAL	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) Hour a.m. (State)
N S S S S S S S S S S S S S S S S S S S		ME	p. m. 19 at work at work
A Sog			21. I certify that I took charge of the remains described above, held an Autopsy 4. Inspection 1. Inquiry 1. and in my
X part			opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
100 CO			
心性を無力			ACTUAL CHIEF MEDICAL EXAMINER () DATE SIGNED
25 5	A		SIGNATURE (DOVE TO 1 NO.
A Wigh	H		EXAMINER'S TANGADO AND
S THE S			EXAMINER'S EDWARD W DITTO 3rd M D HODEPUTY MEDICAL EXAMINER HAGERSTOWN MD. 1 84 2767
15 E		220	BURIAL CREMATION. 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
0 0 4 0 9			BURIAL 12/22/61 ARLINGTON NAT. CEMETERY FAIRFAX COUNTY VA.
)- Ja		23/	TORES 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME 5M 2/57		19	UTFR-ROUZER FUNERAL HOME HAGERSTOWN MARYLAND DATPEC 2 7 '61 Common of Minus

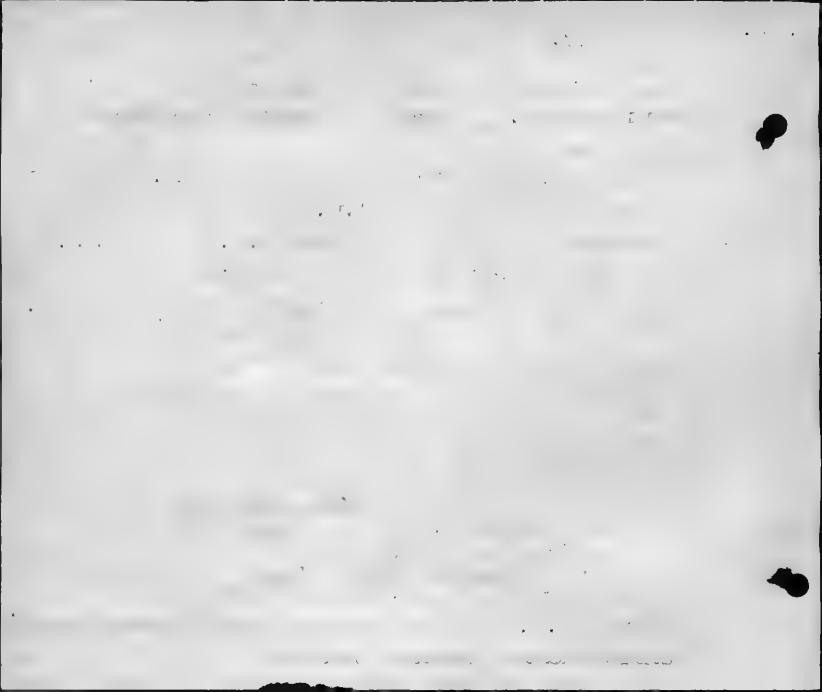


VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
13538

	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. STATE b. COUNTY
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neersal town) where RURAL and give neersal town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
-	Rural 2 Hancock Md. 10 Yrs d. NAME OF HOSPITAL OR INSTITUTION (1 not in hospital, give street address)	Rural 1 Hancock Maryland on A FARM?
	Home	YES NO YES
	3. NAME OF Frst Middle DECEASED	Last 4. DATE Month Dey Yeer OF
	(Type or print) Mary Elizabeth	Peck DEATH 12. 21 19 61
- 1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. I	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Devs Hours Min.
	Female W WIDOWED X DIVORCED 1	1.19.73 88 ya. Months Days
Z.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Housewife	Largent W.VA. U.S.A.
1	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
	George W Effland	Sarah Whisner
ľ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	
	(Yes, no, or unknown) [If yes give were released service] No None Mrs	Pauline Brooks Rural 1 Hancock Md.
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	te Mycchiditis OMET AND DEATH
	DUE TO Charles	A TRANSPER
	Conditions, if eny, which	4 . 1
	geva rise to Immediate cause [a], steting the underlying DUE TO	Risease
	couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
-1	 	YES NO
	PART II. OTHER SIGNIFICANY CONDITIONS CONTRIBUTING TO DEATH BUT NOT 208. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURED. (DR CONTRIBUTING CAUSE OF DEATH IIF ETHER, NOTIFY MEDICAL EXAMINER)	Enter neture of injury in Pert I or Pert II of Item 18.)
		OF INJURY (Home, form, 1 20f. (City or town) (County) (State)
	Hour e.m. While Not While fectors	y, street, office bidg., etc.)
	, , , , , , , , , , , , , , , , , , ,	Dec 12- abl diac 21 able in 2
	21. I certify that (I) (this hospital) attended the deceased from	
	The second secon	leath occured at
	220. SIGNATURE AM MANTE MAN.D.M.D.	ATTENDING MED. STAFF SIGNED
	22c. PHYS.CIAN'S LMSHAFFER M	Jerd ADDRESS HAN COCK, Mile
-	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	CREMATORY 23d. LOCATION (City Jown or county) (State) Md.
	REMOVAL (Specify) Burial 12-23-61 Catalna Met	thodist Rural 1 Hancock Washington
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	House of Hone Homes O	mol DEC 28'61 Centher S. Known
E.	The state of the s	



ARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) a. COUNTY 6. COUNTY Maryland Washington MARYLAND b. CITY OR TOWN (if outs de corporata fim'ls, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Sharpsburg lifetime Sharpsburg d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give streat address) d. STREET ADDRESS Main Street Main Street 910 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH Bertha Anna Poffenberger 16. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX AGE (In years IF UNDER 1 YEAR last birthdeys Female White March 1 187 WIDOWED TX DIVORCED 10a USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY B RTHPLACE (County & Stete, or fore an country) done during most of working life, even if relired) Home Housewife Sharpsburg Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Renner Alice Bowers 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Maîin" Street (Yes, no. or unkown) | [lifyes give wer or detes of service] Mrs. Edward Carter Sharpsburg Md. No 18 CAUSE OF DEATH [Enter only one cause per une for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gava rise to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY I well a tem 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of nurry in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20c, PLACE OF INJURY (Home, ferm, 20t, (City or town) (actory, street, office bldg., etc.) Not While While et work at work 21 I certify that (I) (this hospital) attended the deceased from 12 25- 1961, to 12-28- 1961, that (I) (we) last 28- 1961, and that death occured at 22M, from the causes and on the date stated above. saw the deceased alive on.... 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS BOONS BORO ECONDARI NAME (Type) 23d. LOCATION (City, town or county) 23s. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0.5 8 REMOVAL (Specify) Sharpsburg "d. Mt. View Cemetery Dec. 31-61 ¤urial

VR A15 (4) 15M 7/61 - 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE IAN

within S. Thousa

(County)

Washington

. IS RESIDENCE ON A FARM?

YES NO

1967

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO Z

(State)

22b. DATE

(State)

61

U.S.A

Year



100/110

VR A15 (4) 1SM 7,61

4	MARYLAND	STATE DE	PARTMENT	OF H
DIVISION OF STATISTIC	CAL DESEADON AN	ID DECORDS	201 W DDEC	CON S

EALTH TREET, BALTIMORE 1, MARYLAND 14540 14573 CERTIFICATE OF DEATH

1. PLACE OF DEATH				
a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)			
Washington MARYLAND	* STATE Maryland * COUNTY Washington			
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)			
Hagerstown 6 weeks	Hagerstown Md. /3			
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?			
Washington County Hospital	223 North Locust St. YES NO X			
3. NAME OF First Middle Middle	test 4 DATE Month Dey Year			
(Type or prin') Leo Edward Po	ffenberger Dec. 14 19 61			
5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B), DATE OF BIRTH 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.			
	March 10 1902 59 vm 9 3			
done during most of working life, even if retired) 10b. KUND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & State, or lore gn country) 12. CITIZEN OF WHAT COUNTRY?			
Switch Board Operator Edison	Maryland U.S.A			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Harvey Lee Poffenberger	Flora Kipe			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (Ifyes give were orderes of service)	INFORMANT 229 N. Locust St.			
No 214 10 5392 Mr	s. Rhoda Poffenberger Hagerstown Md			
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTÉRVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: Adenocarcinoma (colon, with metastasis ONSET AND DEATH			
153.8 Due to liver and about	dominal viscera renerally			
	itoneal space. (Anatomical 10 months			
tell many the enderlying	indeterminate, possibly			
cause last	<u> </u>			
PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01 19. WAS AUTOPSY PERFORMED?			
PART II. OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES 🔼 NO			
200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH), (Enter nature of injury in Part I or Part It of Item 18.)			
O (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, farm, 201. (City or town) (County) (Stele)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour e.m. While Not While fect at work at work	tory, streat, office bldg., atc.)			
21. I certify that (I) (the Message) attended the deceased from	Oct. 30 19.01 to Dec . 14 1901, that (I) (We) last			
saw the deceased alive on Poc . 14 1961, and that	death occurred at			
220 SIGNATURE	22b. DATE			
1/1/11 de Japanon	ATTENDING MED. STAFF 12-15-61 SIGNED			
202. PHYSICIAN'S	22d. ADDRESS 5 Public Square			
NAME (Type) William T. Layman, M.D.	dagerstown, Maryland			
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY				
Burial Dec. 17-61 Mt. View Ce				
24 FUNEPRINDINGCTOR'S SIGNATURE ADDRESS! THE	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE			
allet Lace Williamsport , Ma	regland DATE DEC 1 8'61 Commo & Times			

D. . P. 100



14574 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before a. COUNTY necessary, actor, Page director, Page your files, and of Health, b. COUNTY WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate I mits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest lown) RURAL. 10 MINUTES HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS the fund retaine he State 760 FREDERICK STREET 3. NAME OF Middle 4. DATE DECEASED OF the (Type or print) DEATH SHERMAN DEC. PROVARI With 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) MALE WIDOWED [DIVORCED uld be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, an Milice along with form PM3. Page 5 n 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE iState or foreign country done during most of working life, even if retired) within. SCRAP DEALER JUNK PENNSYLVANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HARRIET PROVARD UNKNOWN WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give wer or detes of service) Office along with burial-transit perm 1922-1925 188-09-5139 WAYNESBORO EDNA C PROVARD 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Subintimal Hemorrhage, Left Circumflex Coronary Artery **DUE TO** (b) Arteriosclerosis, Severe, With Involvement Of "pending" i xaminer's C gave rise to immediate cause DUE TO Examiner (a), stating the underlying cause lest. (c) Coronary Arteries PART I, OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) 19, WAS AUTOPSY CERTIFICATION .2 Medical should 20b. DESCRIBE HOW INJURY OCCURED, (Enler nature of injury in Part I or Part II of Item 18.) 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d, INJURY OCCURRED 200, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or fown) Not While fectory, street, office bldg., etc.) et work at work CTOR 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural causes v Accident [Suicide Undetermined manner Homicide | DIRE CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER TO 12-4-61 **EXAMINER'S** E.W.DITTO jr. Address (Streat, city, lown, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) ե <u>~</u> 40 DEC 5,1961 BEAVERCREEK COUNTY WASHINGTON ADDRESS 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME Ch thur S. Krays HAGERSTOWN MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

a. IS RESIDENCE ON A FARM?

YES NOT

19 61

Hours

INTERVAL BETWEEN ONSET AND DEATH

Recent-

PERFORMED?

NO

(Slete)

and in my opinion

DATE SIGNED

(Stele)

MARYT, AND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

PENNA.

(County)

WASHINGTON

Months

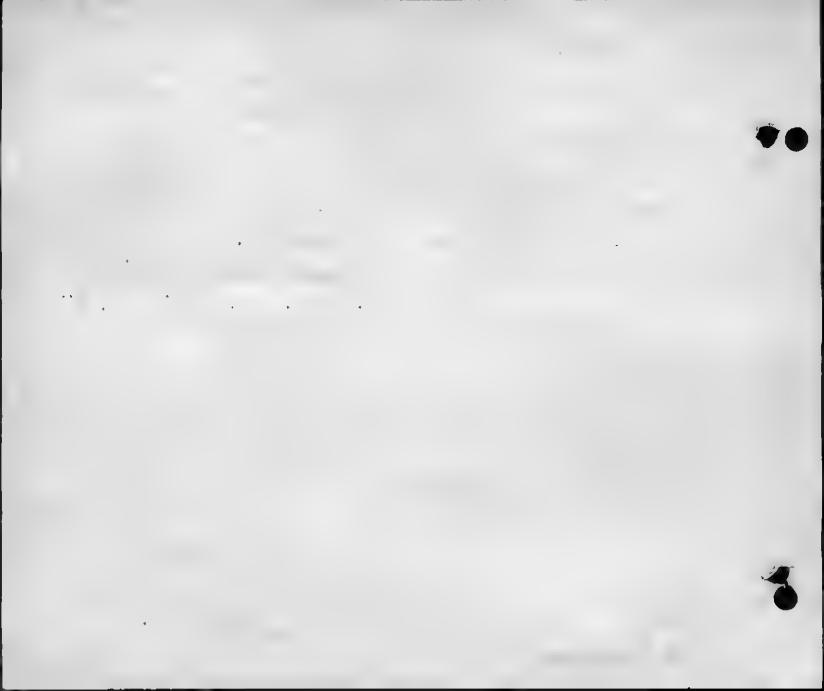


VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

L		4575 Itans	CERTIFICA	TE OF DEAT	H 1/61 - i	Tale	Reg. Dist.	154	3
1	PLACE OF DEATH o. COUNTY			2 USUAL RESIDENCE (W	here deceased	lived. If institution	on: Residence bei	ore admiss	ion)
		Washington	MARYLAND	Md.		b COONII	Washi	ngto	n,
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, write carest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpora	te limits, write RI	JRAL and give n	earest town)
L	Hagerst		10 days	X Smiths	burg				
	OF INSTITUTION	At (If not in hospital, give street	'	d. STREET ADDRESS					FARM?
=		Washington Co	ouncy nospica	1.4		rietta	St.	YES [NO 🔂
3.	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mon	th C	lay 1	r'ear
	(Type or print)	Lucy	Ann	Pryor	DEATH	Dec			1961
S.	SEX			B. DATE OF BIRTH	9	. AGE (In years last birthday)	Months Doys		R 24 HRS Min.
	female	white wipow	78.		.887	74 yrs			
10	during most of work	N (Give kind af wark dane 10b ling life, even if retired)	KIND OF BUSINESS OR INDUS				12 CITIZEN C		OUNTRY
	house	wife		Pleasan		Ley, Md	· U.	S.A.	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN I					
	Samuel				elle Bo				
(Y	is, no, or unknown)	R IN L. S. ARMED FORCES? 16.		FORMANT		Addr			
-			19-05-2840	Margaret P	ryor,	Smiths		Md.	
		TH (Enter only one cause per li	ine for (a), (b), and (c)]					TERVAL BE	
	PART I DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (0)		د پدر د				VIIS	
	1 332	DUE TO							
	Conditions, if a gave rise to it		or all and a second second second					-An	
	couse (a), stating								
7	lying cause last.) (c)							
CATIO	PART IF OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(o)	PERFO	RMED?
CERTIFICATION	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER	CRIBE HOW INJURY OCCURRED). (Enter nature of injury in	Part I ar Part I	l of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour a.m.	While	Nat while fac	CE OF INJURY (Hame, forn tory, street, office bldg., etc	n, 20F (City o	r Jawn)	(County)	(State)
×	p. m.	19 at wo	rk at work						
	21. I certify th	at I attended the deceas	sed fram	, 19, to		, 19,	that I last sa	w the d	eceasea
	alive an		, and that death	accurred at	_M, fram th	ne causes and	d an the dat	e stated	abave
	0	0 1 00	7/ /		ADDRESS (Stre	et, city or town,	stote)	DAT	E SIGNED
	ACTUAL SIGNATURE	rances . /	Vesa,	M.D				<u>←~</u> Z±	. 7
	PHYSICIAN'S NAME (Type)	<u> </u>	333						
22	P. BURIAL, CREMATIO REMOVAL (Specify)	Dec. 9. 19	22c NAME OF CEMETERY OF	CREMATORY Cemetery	1	ON (City, town, o	, ,	(Stote	e)
23.	FUNERAL DIRECTOR		ADDRESS	~	D BY REGISTRA	AR 24b. REGIS	TRAR'S SIGNAT		
	Scott F.	Minnich & S	on, Smithsbur	rg. Md. DATE	EG 1 d	1 (all#	





DIVISION OF STATISTICAL RESEARCH REET. BALTIMORE CERTIFICATE OF DEATH 14577 should 1. PLACE OF DEATH USUAL RESIDENCE (Where decreased lived, If institution: Residence before admission) a. COUNTY a. STATE WEST b. COUNTY

C. CITY OR TOWN (If outside corporate I mits, write RURAL and give neerest town) 라 C 라 b. CITY OR TOWN (if outside corporate limits, MARYLAND by the & LENGTH OF STAY IN 16 write RURAL and give neerest town) 5 SHE PHIER DSTEWN NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? YES NO NURSING complete NAME OF 4. DATE Month Year F (2) A. I. [Type or print] DEATH 6. COLOR OF RACE 7. MARRIED 19 61 ECEMBER carbon of within VINTER DATE OF BIRTH AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. NEVER MARRIED last birthday) Months Days Hours evenf, TEMALE WHITE WIDOWED DIVORCED physician please remove 10b. KIND OF BUSINESS OR INDUSTRY 11 /8 RTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) 14. MOTHER'S MAIDEN NAME HAUSE 13. FATHER'S NAME KEEDER O WIN HOME £ LINTE IZ I aftend Then p 15. WAS DECEASED EVER IN J.S. ARMED FORCES? WILTSHIRE (Yes, no, or unkown) (If yes give wer or detes of service) NONE WASH, IG. DIC. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN <u>ئ</u> ONSEE AND DEATH PART I. DEATH WAS CAUSED BY: Broughofeence signed. IMMEDIATE CAUSE (a) burial-transif DUE TO has been Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. certificate PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 20a ACCIDENT WAS UNDERLYING __ OR CONTRIBUTING __ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pert II of item IB) 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. et work | et work DIRECTOR: p.m. 21. I certify that (I) (this hospital) attended the deceased from June 1961, to Die 1 1961, that (I) (we) last 1961 ..., and that death occured at 2.5...M, from the causes and on the date stated above 22b. DATE 22e SIGNATURE SIGNED ATTENDING MED STAFF DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN S 22d ADDRESS NAME (Type) SECONDARI BrOWSROKO filed 23a. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) å å REMOVAL (Specify) 0 SHEPHERDSTOWN ELM WOCD UKIAL 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR'S SIGNA VR A15 (4) 15M 7761 ONSBORD

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14578 funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY b. COUNTY VASHINGTON MARYLAND b. CITY OR TOWN (if putside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) HAGIRSTOWN HAGEPSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? WAS IINGTON COUNTY HOSPITAL AUTT: TAM YES NO S NAME OF Errst Middle DATE Year DECEASED OF DECHMEER [Type or print] DEATH 19 67 BARY BOY POOR and cor 6. COLOR OR RACE 7, MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH last birthday) Months Hours MALF WIDOWED [DIVORCED [Yrs. physician 12. CITIZEN OF WHAT COUNTRY 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of warking life, even it retired) MARVI, AND U.S.A. please 13 FATHER'S NAME 14. MOTHER'S MA DEN NAME £ certificate has been signed by the attending DONALD M. ROOF JEAN BILLMAN Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17, INFORMANT ARREST I STO (Yes, no, or unkown) (If yes give war or dates of service) гетома MR. DOMALD M. ROOF MD. hospital or attending physician. 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), end (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: h042) IMMEDIATE CAUSE (a) DHE TO Conditions, if any (b) paye rise to immediate cause DUE TO (e), stating the underlying as the l causa last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDIT ON G VEN IN PART II.) 19. WAS ALTOPSY CERT. FICATION 0 PERFORMED? NO X 208. ACCIDENT WAS UNDERLYING T 206. DESCRIBE HOW INJURY OCCURED, (Enter netwer of injury in Port I or Port II of tem 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 201. (City or town) (County) Month, Day, Year factory, street, office bldg., etc.) While Not Whire Hour s.m. al work at work DIRECTOR: D.M saw the deceased alive on... 226. S.GNATURI PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type director, be filled 23d. LOCATION (City, town or county) (Stele) 238, BURIAL, CREMATION 235 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) HAGERSTOWN 0 MD. CEDAR 254 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A1S (4) 1SM 7 61 2.08126

ARYLAND STATE DEPARTMENT OF HEALTH



15M 7/63

MARYLAND STATE DEPARTMENT OF HEALTH

MARILAND SIATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI
APPRIEIA A TEL A EL DE A TIL

	14579	CERTIFICA	E OF DEATH	14547 _
1	I. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if i	
ł	V Washington	MARYLAND	a. STATE Maryland b. COUNT	Washington
1	b. CITY OR TOWN (if outside corporate fimils, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest town)
	Hagerstown	4 days	13 Hagerstown	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pitel, give street eddress)	d STREET ADDRESS	e. IS RESIDENCE
	Washington County Hospital		358 S. Potomac Stree	t on a farm? YES □ NO 【
	i. NAME OF First DECEASED (Type or print) George	William	Sager Jr. Jearn Dec.	Day Yeer 18 19 61
1	5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 7 8	. DATE OF BIRTH 9. AGE (In years last birthday)	
Male White WIDOWED DIVORCED D. Dec. 13 1961				Months Peys Hours Min.
	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NOTE	IND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (County & State, or foreign country) Hagerstown Md.	U.S.A
			14. MOTHER'S MAIDEN NAME	
George William Sager Sr. Mary Kidwell				
15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 358 S. Potomac St.				
NO none Mr. George William Sager Sr. Hagerst				Sr. Hagerstown
				INTÉRVAL BETWEEN TO
	IMMEDIATE CAUSE (a) I VEMATURITY (2165), 4 CAMP -			
	776 X DUE TO			
	Conditions, if any, which (b)			
	(e), stating the underlying DUETO			
	CBUSE last. [c] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 and 19. WAS AUTOPSY			
	PART II. OTHER SIGNIFICANT CONDITIONS CON 200 ACCIDENT WAS UNDERLYING 2Db. DES 200 ACCIDENT WAS UNDERLYING 2Db. DES 10 IF EITHER NOTIFY MEDICAL EXAMINER)	TRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVE	PERFORMED?
	200 ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II o			
	Hour e.m. While	Not While fact	CE OF INJURY (Home, farm, 20f. (City or town) ory, street, office bidg., etc.)	(County) (Stele)
21 certify that (i) (this hospital) attended the deceased from				10 (al abot (1) (aux) last
		7 10 61 and the	doubt assured at 12 Ath from the source	and on the date stated shows
saw the deceased alive on				22b. DATE
	Kind Ytux	0-0	DIRECTOR PHYS.	SIGNED
	22c PHYS.CIAN'S	0	22d. ADDRESS	
	NAME (Typo) Richard A.	yound	Houston, Md	1
236. BURIAL CREMATION, 236. DATE THEREOF TOOL NAME OF CEMETERY OR CREMATORY 236. LOCATION (n or county) (State)
	Buria (Specify) Dec. 19-61	Bakersville	Cemetery Bakersville	Maryland
24 FUNDERA DIRECTOR'S SIGNATURE 256. REGISTRAR'S SIGNATURE DATDEC 2 2'61				
	2 117 xxx	- + -		



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution, Residence before admission) PLACE OF DEATH a. COUNTY Washington MARYLAND b. CITY OR TOWN (if outs da corporate I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hagerstown 43 yrs Kagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . d. STREET ADDRESS IS RESIDENCE ON A FARM? 60 Madison Ave-60 Madison Ave. YES NO K 3. NAME OF 4. DATE Middla DECEASED Elnura. Selbu Fannie, DEATH Dec. (Typa or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) Months DIVORCED [10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY done during most of working life, evan if ratirad) Baltimore Co. Md. Own Home. Housewite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Henry Smith Eliza Jane Noonan 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17, INFORMANT Mr. Elmer D. Selby 23 S. Mont Valla Ave. 18. CAUSE OF DEATH [Entar only one cause per_ine for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DLF TO arteria schooli and gava risa to immediata causa (a), stating the undarlying herios claraous PART I OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TOWEATH BUT NOT RE, ATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? besity - exogenous NO F 200. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 208- DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part I of tam 18.) 20d. INJURY OCCURRED , 20a PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., alc.) While Not While Hour a.m. at work at work 21. I certify that (I) (Inia-trospital) attended the deceased from. Tus. (2., 1960, to (1) (1., 1960, that (1) (we) last saw the deceased alive on UR.C 22a, SIGNATURE ATTENDING cheran M.D PHYS. DIRECTOR PHYS. 22c. PHYSICIAN S 22d ADDRESS 217 West Washington St. 236, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 238. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Spacify) Mountain View Ceretery _ 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S S GNATURE ADDRESS

DATE EC 1 8 '61

Rest Raven Juneral Chapel Knaerstown, Md.

Ce. Horsk

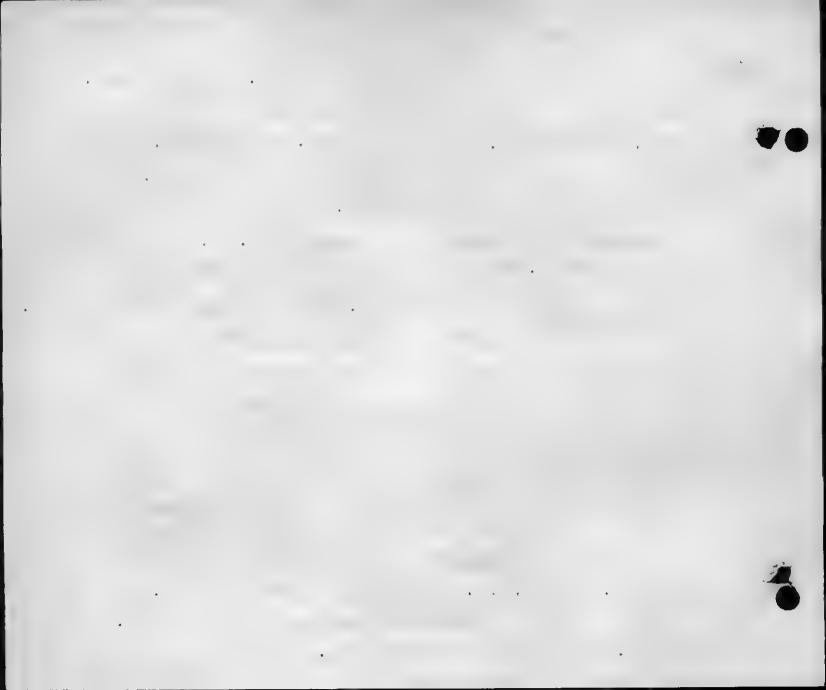
· " & France

TO FUNEES director, pag be filed with VR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14581 CERTIFICATE OF DEATH
14549

М		* COUNTY	RESIDENCE (Whare deceased lived, If institution, Residence before admission)					
7]	. '	Washington MARYLAND STATE	Md. Wash.					
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY C write RURAL and give neerest lown)	DR TOWN (If outs'de corporete limits, write RURAL and give nearest town)					
		Hagerstown 60 years Hag	erstown ()					
			T ADDRESS O. IS RESIDENCE ON A FARM?					
			W. Washington St.					
		3. NAME OF Erst Middle Lest DECEASED	OF D					
		(Type or print) Lalla Lee Settle 5. SEX 6. COLOR OR RACELY MADDIES TO SEVER MADDIES TO B DATE OF BIR						
	0.	Come 1 a and 4 to	2 1884 lest birthdey Months Deys Hours Min.					
	10e	100. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY?						
	do	done during most of working life, even if retired)	erton, W. Va.					
	13.		'S MAIDEN NAME					
)		James W. Hoffman	Eliza Louden					
		15. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) ((Hyesgivewerordelesofservice)	Address					
	,,,,	217-10-3318 Mrs. Lou	uise Gillian Hagerstowm, Md.					
		18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN					
		PART I. DEATH WAS CAUSED BY: [o] Coronary Occlus	con - Hente Immed					
i		420./ DUE TO						
		Conditions, if any, which } (b) Severalized artered scleracci and to you						
		(e), steling the underlying DUE TO Colducial a thereof	· luares					
	Z		THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(4) 19. WAS AUTOPSY					
)	ATIO	PERFORMED? YES NO L						
	CERTIFICATION	20% ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of	of injury in Pert I or Part II of fram 18.)					
	MEDICAL	20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY Hour e.m. While Not While fectory, street, offic	(Home, ferm, ' 20f. (City or town) (County) (State)					
	MED	p.m. 19 at work et work	Dec 2					
		21. I certify that (I) (this hospital) attended the deceased from June.	2/ , 1960, to 115 10 , 152/, that (1) (we) last					
	saw the deceased alive on. Man. 30 19.61, and that death occurred at A.M. from the causes and on the date stated ab							
		22a STONATURE ATTENDI	The state of the s					
		22c PHYSICIAN S 22d. AD						
		Edward W. Ditto Ill, M. D. 217	7 West Washington St.					
		230. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR	RY 23d. LOCATION (City, town or county) (State)					
	ŀ	burial 12-5-61 Rest Haven Cemet						
		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE					
Pa		Scott F. Minnich & Son, Hagerstown, Md.	DATE VELL 6 61 Coming S. / Louis					



e. S RESIDENCE ON A FARM?

YES NO--

Year

Hours

INTERVAL BETWEEN

ONSET AND DEATH

hri

PERFORMED?

NO

(Stale)

22b. DATE

(Sleia)

SIGNED

(County)

1967

Day

15M 9/60



1		Iten 316 Film 305 MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	F	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1,500 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4,4554
HEALTH ATEL	7	TG503
>8 E 1	Λ	a. COUNTY b. COUNTY b. COUNTY
Sa es es	1/	Washington Maryland Washington b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and g va nearest town)
of H		write RURAL and give neerest fown)
P P P		Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 1 e. IS RESIDENCE
000	X	ON A FARM?
ine ine tate		728 Midway Road YES Note: 3. Name of First Modele Last , 4. Date Month Day Year
f and the The Treta		DECEASED
である。		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 14 HS.)
dea id 3 id 3 wil wil		less piringey) (Months Devs / Hours Min
7. at 10. d 2. d 10. h 1		Male White WIDOWED DIVORCED Sept. 30, 1960 1 yrs. 100 USLAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
2 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 -		dona during most of working l.fa, avan if retrad)
五 gg. giệ		None None Hagerstown, Ad.
A de Maria		Till Y Cit I
E E E		15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT
180 H		(Yes, no, or unkown) (Hyssgivewerordetesofservice) Warren L. Shirey Hagerstown. Md.
Ser Value		18. CAUSE OF DEATH [Enter only one cause pactice for (a), (b), and (c).]
ong ong insit		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Habrater of Gastus Contents Tungel
be all all tra	j	4911 DUE TO
eric post	V 1	Conditions, it any, which ? (b) Standard Discourse Co
Sho Sho		geve rize to immediate cause
ndir iner d as		(a), stating the underlying Duc 10 cause last.
xam xam use ion,	2	PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
ord ord al E be		YES - HO .
w edio		PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES CONTRIBUTING D CAUSE OF DEATH.
Tar State		
Chie		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) Hour s.m. 19 at work at work at work
M. W.		p.m. 19 at work all work
A Signal		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
at, Cariffe		death resulted from: Natural causes , Accident Suicide , Homicide , Undetermined manner
Mar Var		CHIEF MEDICAL EXAMINER
To de la constante de la const		SIGNATURE COM CONTROL OF THE SIGNED DATE SIGNED
NERAL designal		EXAMINER'S NAME (Type) Edward W. Ditto III, N. D. Act. DEPUTY MEDICAL EXAMINER (Type)
Ase ax should PUNE its des		NAME (Type) HOWATO W. DILLO III. 10 Address (Street, city, town, or county) 228. BURIAL, CREMATION, 22b DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (Stete)
_ 0 ~	1	REMOVAL (Specify) 12 21 61 Doct Howen Comptons
5 4 5 g	, ,	Burial 12-21-01 Rest naven cemetory magerstown, Md. 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59	()	Scott F. Minnich & Son Hagerstown, Md. DAREC 26'61 Julian & Thomas
om rjos		I DAMES I



Film 305 MARYLAND STATE DEPARTMENT OF HEALTH of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH L PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE b. COUNTY Washington Marvland MARYLAND b. CITY OR TOWN (if outside corporaie limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! 2 days Hagerstown Rura1 Sharpsburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS Washin ton County Hospital Route 3. NAME OF Middle 4. DATE DECEASED (Type or print) Kennetli Sinn DEATH December Eversole 5. SEX 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER) YEAR lest birthday) Months Male White WIDOWED [DIVORCED [Dec. 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if relired) Manager Auto Club Md. Hagerstown. pages within PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rex Sinn Frances Myers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unknwn) : (If yes give wer or detes of service) 4-10-4616 Mrs. Henrietta Sinn Sharpsburg, Md. No 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). Office along w burial-fransit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO Conditions, if any, which (b) gave rise to Immediate cause N O DUE TO \$7 (0) (e), stailing the underlying Examiner ង be used cremation, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS Medical should 20a. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 2De, PLACE OF INJURY (Home, form, ! 20f. (City or town) factory, street, office bldg., etc.) Not While should be forwarded to the PUNERAL DIRECTOR: P. its designated et work at work ecute the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... Inquiry death resulted from: Natural causes X Accident // Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE SOEPUTY MEDICAL EXAMINER EXAMINER'S should Edward W. Ditto 111, M. D. NAME (Type) Address (Street, city, town, or county) 22s. BURIAL, CREMATION, 22s. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 70

12-18-61

Burial

23. FUNERAL DIRECTOR

YS. AISME 5M 9/60

DATE DEC 2 0 '61 Scott F. Minnich & Son Hagerstown.

View Cemeterv

Mt.

24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE

Sharpsburg,

Washington

e. IS RESIDENCE ON A FARM?

YES NO X

19 61

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

(Stele)

YES NO I

and in my opinion

DATE SIGNED

(County)



Andrew K. Coffman Hagerstown Maryland

15m 9/60



	7	14	5	8	S
DEATH	V	Va	s	hj	in

CERTIFICATE OF DEATH

± ½	000	QERTITION.	TIE OI DEATI	·	Reg. Dist. No. 4554			
1. PLACE OF DEATH COUNTY Wa	shington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased lived. If instituti b. COUNTY	oni Residence before admission) Wash.			
b. CITY OR TOWN (If our RURAL and give neares Hagerstow	,	7 days	c. CITY OR TOWN (If of	utside corporate fimits, write fi	URAL and give negrest fown)			
OR INSTITUTION	on County H	'	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO.			
3. NAME OF DECEASED (Type or print)	Harry First	Cletus	Snyder	4. DATE Mor OF DEATH	Dec. 30, 1961			
male	white widow	ED A DIVORCED	a. date of Birth Aug. 27, 18		Months Days Hours Min			
during most of working 18 00 T	Give kind of work done 10b life, even if retired)	. KIND OF BUSINESS OR INDUS		or foreign country) On Co., Md.	12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME	avid Snyde:	r	14, MOTHER'S MAIDEN N	Unknown				
15. WAS DECEASED EVER IN [Yes, no or unknown] [II yes NO	U. S ARMED FORCES? 16, give wer or dutes of service)	SOCIAL SECURITY NO. 17 11 15-05-728 10:		a, Waynesboi				
PART I. DEATH V	DUE TO	ine for (o). (b). and (c)] Heart Failur Artoricalor		. od pil	INTERVAL BETWEEN ONSET AND DEATH			
cause (a), stoting the lying couse fost. PART II. OTHER S	UNDER O (C)				EN IN PART 1(a) IP. WAS AUTOPSY PERFORMED? YES NO			
		CRIBE HOW INJURY OCCURRED	Center noture of injury in Po	ort I or Part II of item 18.)				
ZOC. TIME OF INJURY A	Aonth, Day, Year 20d t While of wo	Nal while fac	ACE OF INJURY (Home, farm, tary, street, office bldg , etc.)		(County) (State)			
actual signature Charman Physician's NAME (Type)	ACTUAL SIGNATURE Charles G. Herse M.D. S. 1 3 Jan 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							
220. BURIAL CREMATION, REMOVAL (Specify) DUTIAL	Jan. 3, 1960	Smithsburg		22d LOCATION (City, town, o Smithsburg,	Md.			
23. FUNERAL DIRECTOR'S SEC Scott F. M		on, Hagerston			STRAR'S SIGNATURE			

TO HOSPITAL OR ETTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 M TO FU page 3 sheuld the registrar p VS A15 (4) 15M 9/S5

veined by the haspital ar attending physician.

**RECTOR: After this certificate has been signed by the attending physician and campletely filled solid be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 or priar to burial, cremation, ar removal, and in any event within 72 hours after death.

the funeral director, should be filed with...

ofter death. Page 4

423

4 9

ESTON STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATISTICAL RESEARCH



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased l'ved, if institution: Residence before edmission) a COUNTY b. COUNTY Washington Washington Maryland MARYLAND b. CITY OR TOWN (if outs de corporete f mils, c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write PURAL and give neerest lown). Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve street address) d. STREET ADDRESS M IS RESIDENCE ON A FARM? Western Maryland State Hospital LhOl Oak Hill Avenue YES NO [3. NAME OF DATE Month Year DECEASED UDE ST (Typs or print) DEATH 19 carbon COLOR OR RACE 7, MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. and lest birthday) Months Deys DIVORCED June 26, 86 Female W DOWED T 10e. USUAL OCCUPATION , Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY, 11, BIRTHPLACE (County & State, or fore on country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William F. Thiede Mary Elizabeth Pietsch 흅 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT (Yes, no, or unkown) | (If yes give we rordeles of service) Mr. Henry Startzman- 1h01 Oak Hill 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO deno Carcinoma of geve rise to immediate cause DUE TO (a), sleting the underlying ceusa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY 2 9 PERFORMED? NO 20s. ACCIDENT WAS UNDERLYING | 20b. DESCRISE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of tem 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Day, Year (County) (Stete) factory, straat, office bldg., atc.) While Not While at work at work o.m. 2 4. 196 (, that (i) (wa) last attended the deceased from and that death occured at 7.1.2M, from the causes and on the date stated above. saw the deceased alive on... DIRE 22s. SIGNATURE ATTENDING MED. S.GNED PHYS. D RECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23b. BURIAL, CREMATION, 1236 23d. LOCATION (City, town or county) (Stata) REMOVAL (Spacify) - F 2 OF Baltimore, Maryland Burial Loudon Park 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

40

re, Mr

the d 2

please rem

death.

O FUNE
director, 1

VR A15 (4)

15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 12590 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT I. PLACE OF DEATH Page files. Health, a. COUNTY Washington b. CITY OR TOWN (If outs do corporete limits, MARYLAND 1 & LENGTH OF STAY IN 16 write RURAL and give nearest town! ö Hazerstown Md. 55yrs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Hagerstown Boar be retained State 123 Clarkson Avenue and 3 to the fun This certificate should be executed within 24 hours after death. If any 3. NAME OF M ddle DATE DECEASED OF the (Type or print) with the DEATH (no) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH may b 2 with age 5 may 1 and 2 wit 72 hours Male DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY Page dona during most of working life, even if ratired) Pages 1 pages 1 Domestic PM3. 13. FATHER'S NAME in pencil in Item 18. Give Office along with form 16. SOCIAL SECURITY NO (Yes, no, or unknown) (Il yes give war or detas of service) World Wer 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), .⊑ burial-transit IMMEDIATE CAUSE (a) Hypertensive Cardio Vascular Disease DUE TO Conditions, if eny, which gave rise to immediate cause W 10 DUE TO (a), stating the underlying Medical Examiner cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18: 19. WAS AUTOPSY CERTIFICATION execute the certificate, writing the word all be forwarded to the Chief Medical E. NERAL DIRECTOR: Page 3 should be designated agent, prior to burial, cremating 20a. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) factory, street, office bldg., atc.) While Not While el work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection death resulted from: Natural causes Accident Suicide Homicide | CHIEF MEDICAL EXAMINER designated ACTUAL should be for FUNERAL 1 SIGNATURE **EXAMINER'S** NAME (Type) NAME (Type) Dr. E. W. Ditto Addi 8928 DI REMOVAL (Specify) Rose Hill Cemetery ₫40 p VS. A15ME JAN 3 5M 7/59

2. USUAL RESIDENCE (Where decresed lived, if institution, Residence before edmission) b. COUNTY Maryland Washington
c. CITY OR YOWN (foulside corporate limits, write RURAL and give nearest town) Maryland a. IS RESIDENCE ON A FARM? YES NO Dec 23 19 61 AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months Hours 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? 123. Clarken INTERVAL BETWEEN ONSET AND DEATH years PERFORMED? NO P (County) (State) and in my opinion Inquiry Undetermined manner ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER 12-26-61 Address (Streat, city, town, or county) 22d. LOCATION (City, town, or country) Hagerstown 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S S GNATURE '62 Ciribury S. Haus





STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14592 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) e. COJNTY b. COUNTY MARYLAND by thand b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY N 36 e. IS RESIDENCE ON A FARM? YES 🙀 NO 🗌 Route DATE 3. NAME OF Month DECEASED OF DEATH 196 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER I YEAR) IF UNDER 24 HRS. lest birthdey) | Months | DIVORCED WIDOWED [physician LSUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) FATHER'S NAME Home Then please plea 15. WAS DECEASED EVER IN U.S. ARMED FORCES? NIG. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unknown) ! (If yes give we ror detes of service) Homer H. Woodward Martinsburggev Wetwie . Husband 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] ONSET AND DEATH I. DEATH WAS CAUSED BY-IMMEDIATE CALSE (e) DUE TO Cerebral Removilione Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART II. PERFORMED? S 0 NO X 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW NULRY OCCURED, (Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. NJURY OCCURRED : 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (Steta) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour s.m. el work 21. I certify that (I) (this hospital) attended the deceased from Alliques 4. 19 6. , and that death occurred at 2 M, from the causes and on the date stated above. saw the deceased alive on . A. 22b. DATE ATTENDING MED SIGNED DIRECTOR PHY5. PHY5 22d. ADDRESS 23d. LOCATION (City/lown or county 23c. NAME OF CEMETERY OR CREMATORY 23s. BUR.AL, CREMATION. Martinsburg, West & O. Leasant View Memory ADDRESS Gardens 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Henres 15M 9/60 DATE

LAND STATE DEPARTMENT OF HEALTH



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14593 funeral . PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission) a. COUNTY a. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, 12 ª MARY LAND WASHINGTON (If outside corporate limits, write RURAL and give neeres) town) MARYLAND and c. LENGTH OF STAY IN 16 write RURAL and give nearest town) ģ .⊑ EAKLES A KURAL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) a. IS RESIDENCE hours ON A FARM? WEST ERN 3. NAME OF YES NO HOSPITAL DVSVILLE mpletely papers. 4. DATE 77 DECEASED OF (Type or print) DEATH 1961 Wyand 8 withi carbon 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Deys Hours WIDOWED DIVORCED YIS. physician remove USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired 13. FATHER'S NAME MILL WASH CO MD please aftending ARU (Yes, no, or unkown) (If yes give wer or dates of service) physician. Nö٠ SNYDER WYAND. KEEDYSULLE VID WITERVA. BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), PART I. DEATH WAS CAUSED BY. signed IMMEDIATE CAUSE IN and Wook the burial-transit DUE TO affending lenten,a Conditions, if any, which has been (b) gave rise to immediate cause DUE TO (e), steting the underlying burial, cause last. may be retained by the hospital o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 200 ACC DENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of tem 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While VED Hour a.m. Not While et work et work 8 21 I certify that (I) (this hospital) attended the deceased from NOV 17 1961, to Dec 22. 1961, that (1) (we) last plnous saw the deceased alive on Dec. 22, .19.6.L., and that death occured et 2.38, from the causes and on the date stated above. 22s. SIGNATURE 22b. DATE ATTENDING DIRECTOR PHYS. director, page 3 PHYS. 22c PHYSICIAN'S 22d ADDRESS maryland state Hosp NAME [Type] 23a. BURIAL, CREMATION, 1 23b NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) TURIA Z4 PUNERAL DIRECTOR'S REC'D'BY REGISTRAN 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 DATEDEC 2 Chilling S. Thousa '61

ND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 1594 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY STATE b. COUNTY Washington by the and 2 death. Washington MARYLAND Marvland b. CITY OR TOWN (if outside corporeta limits, . LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL end give neerest town) Hagerstown Vra Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) a. IS RESIDENCE hours ON A FARM? So Potomac Manor Best Home YES NO completely NAME OF Eirst DATE Year Middle Month Day DECEASED (Type or print) YOUNG DEATH nec 30 1961 WALTER 19 within and cor 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER I YEAR IF UNDER 24 HRS. lest birthdey) Male 1880 WIDOWED DIVORCED Jany 24 physician IDA. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY remove (County & Stale, or foreign country) done during most of working life, even if retired) rilghmanton Wash Co Md USA Retired Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please = and Emma Long Isaac Young aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address Then (Yas, no. or unkown) | (If yes give we ror detes of sarvice) Mr Leo Miller Sec Natl Bank Bldg the Hagerstown Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). permit. aftending physician. ò ONSET AND DEATH PART I. DEATH WAS CAUSED BY, Broncho-pneumonia. (terminal) days IMMEDIATE CAUSE (a) signed cremation, burial-transit DUE TO Conditions, if env. which may be refained by the hospital or attending DIRECTOR: After this certificate has been geva rise to immadieta cause DUE TO (a), steting the underlying burial, use as the k PHYSICIAN: the hospital or a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Cerebral and Generalized Arteriosclerosis. 20e, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) detached for 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Not While While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from Feb. 17, 1959 to Dec. 29, 1961, that (I) (we) last pe 28 9 161, and that death occured a A.M. from the causes and on the date stated above Dec saw the deceased alive on... 22b. DATE ATTENDING 22e. SIGNATURE 1-2-62 DIRECTOR PHYS. M.D. FUNERAL paged 22d. ADDRESS 22c. PHYSICIAM'S NAME (Type) R.A.Bell, M.D. NO. Potomac St. Hagerstown, Md. TO FUNE director, p 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 1 23b. DATE THEREOF REMOVAL (Specify) Hagerstown Wash Co Md Rose Hill Cemetery Burial 25e, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DATE AN 8 Chilling S. Thrus 15M 9/60 Andrew K. Coffman Hagerstown Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION DE STATISTICAL RESEARCH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	Residente de la admission)					
Maryland Washington						
1 × 2 × 2	nd give neerest town)					
	a. IS RESIDENCE ON A FARM?					
	YES NOW					
OF	Dey Yeer					
TOTITAL DEG DO TO						
1 (1)(1)	1 YEAR IF UNDER 24 HRS.					
Sept 3 1866 94 95 yrs.	Days Hours Min.					
RY 11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT COUNTRY?					
Brownsville Wash Co Md.	USA					
Sugan Long						
INFORMANT Address						
ss Edith Wolfe 29 Randolph	Ave					
	INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: Goronary Thrombosis						
	10 min					
Conditions, if only, which (b) Atherosclerotic Heart Disease						
	Years					
OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI						
	PERFORMED?					
D. (Enter nature of injury in Pert Lor Part II of item 18.)						
[IF EITHER, NOTIFY MEDICAL EXAMINER] 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
Hour a.m., While No! While factory, street, office bldg., etc.)						
21. I certify that (I) (this hospital) attended the degreesed from Sept. II., 19 61 to Dec. 29, 19 61 that (I) (we) last						
saw the deceased alive on Sept. 11, 19 61, and that death occured at A.M., from the ceuses and on the date stated above.						
	the date stated above. 22b. DATE					
ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	12-30-61 SIGNED					
22d. ADDRESS						
22d. ADDRESS 119 N. Potomac St. Hagers						
22d. ADDRESS	stown, Md.					
22d. ADDRESS 119 N. Potomac St. Hagers OR CREMATORY 23d. LOCATION (City, fown or countery Tilghmanton Wash	stown, Md.					
22d. ADDRESS 119 N. Potomac St. Hagers OR CREMATORY 23d. LOCATION (City, town or county)	stown, Md.					
	Last ADDRESS 29 Randolph Ave Last ADDRESS 29 Randolph Ave Last ADDRESS 29 Randolph Ave Last ADDRESS B. DATE OF BIRTH AGE (In years ADDRESS IN BIRTHPLACE (County & Stelle, or foreign country) 12. CC Brownsville Wash Co Md. 14. MOTHER'S MAIDEN NAME Susan Long INFORMANT Address SE Edith Wolfe 29 Randolph Hagerstown Mid. DOSIS C. Heart Disease OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAIL D. (Enter nature of injury in Perit or Part II of item 18.) ACE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.) Sept. 11. 19 61 to Dec. 29., 19 to death occurred at 9.A.M., from the ceuses and on					

